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Reader's Guide

Time, opportunity and, inevitably, expense permitted only a small fraction of the nurses of Canada to attend the congress sessions of the International Council of Nurses in Atlantic City last May. To compensate in a measure, we have concentrated in this issue on bringing you a portion at least of the papers which were presented. To provide the atmosphere and to add local color to these manuscripts, **Gertrude M. Hall,** the energetic general secretary-treasurer of the C.N.A., has highlighted the major events and business of this momentous occasion. She passes on to each of you the spark of enthusiasm for the bigger and better things for nursing everywhere which united action through the I.C.N. can provide.

Though there have been references to the I.C.N. from time to time in the *Journal*, many of the pertinent data are not familiar to us all. The September issue of the *American Journal of Nursing* carries an outline of background information about the I.C.N.

With more than a dozen papers to choose from, it was difficult to decide which should be reprinted in this issue. Space limitations precluded the practicability of reproducing all of them. Each capable speaker had explicit messages for the nurses of all lands. Folios of the Congress Papers and Proceedings of the Congress are available from I.C.N. Headquarters, 1819 Broadway, New York 23, N.Y. Subscriptions to *The International Bulletin* may also be sent to that address.

The selection of papers printed in this issue include those prepared by the Canadian contributors to the program—**Ethel Johns** and **Mary S. Mathewson. Gerda Höjer,** who presented the very enlightening account of the functions of the professional organization in taking care of nurses' working conditions, was installed as the new president of the I.C.N. Miss Höjer is presently president of the Swedish Nurses' Association. **C. A. Nothard** presents the pattern that has been developed in South Africa to deal with the ubiquitous problem of those persons other than registered nurses who are caring for the sick. Shortage of nurses is even more acute in the European countries than it is in Canada.

Our cover picture portrays the officers of the I.C.N. for the next biennium. Left to right, front row: treasurer, G. E. Davies, England; president, Gerda Höjer, Sweden; second row: third vice-president, Grace M. Fairley, Canada; second vice-president, Katharine J. Densford, U.S.A.; first vice-president, Mary I. Lambie, New Zealand.

We are indebted to **Dr. Harvey Agnew,** secretary of the Canadian Hospital Council and editor of *The Canadian Hospital*, for the privilege of reprinting his analytical editorial from the August, 1947, issue. Every nurse should read it.

Under the able guidance of **Isobel Black,** the public health nursing students of the University of Manitoba School of Nursing organized study groups with the young parents in the veterans' village near the campus. It proved an eminently successful experiment, so much so that it is well worth the careful study of other university schools. You will find Miss Black's report on the Public Health Nursing page.

After many years of active leadership in nursing, **K. Ethel Gray,** of Victoria, decided to enter the business world as a purveyor of security in the form of life assurance policies. Here she gives us a picture of why the individual nurse so often has to use her own initiative in the matter of pensions or annuities, and indicates the various avenues that are open to nurses.

This month you have your last opportunity, for a time at least, to subscribe to *The Canadian Nurse* at the old subscription rate. We don't know of anything else that you can buy today at the same price you paid for it in 1925, do you? Of course the increase is only one dollar per year, which still makes your *Journal* a very reasonably priced magazine. However, if you are really spry and mail your money before midnight, September 30, 1947, the *Journal* will come to you for as long as you pay for at the old rates. Consult the box on the Table of Contents page. Circulation figures by provinces, as at August, were as follows.

Alberta, 820; British Columbia, 1,226; Manitoba, 556; New Brunswick, 616; Nova Scotia, 577; Ontario, 3,424; Prince Edward Island, 146; Quebec, 1,044; Saskatchewan, 650.

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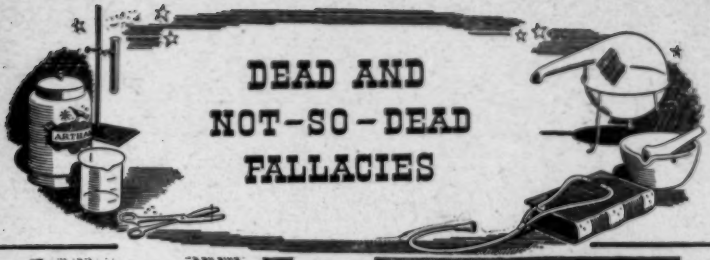

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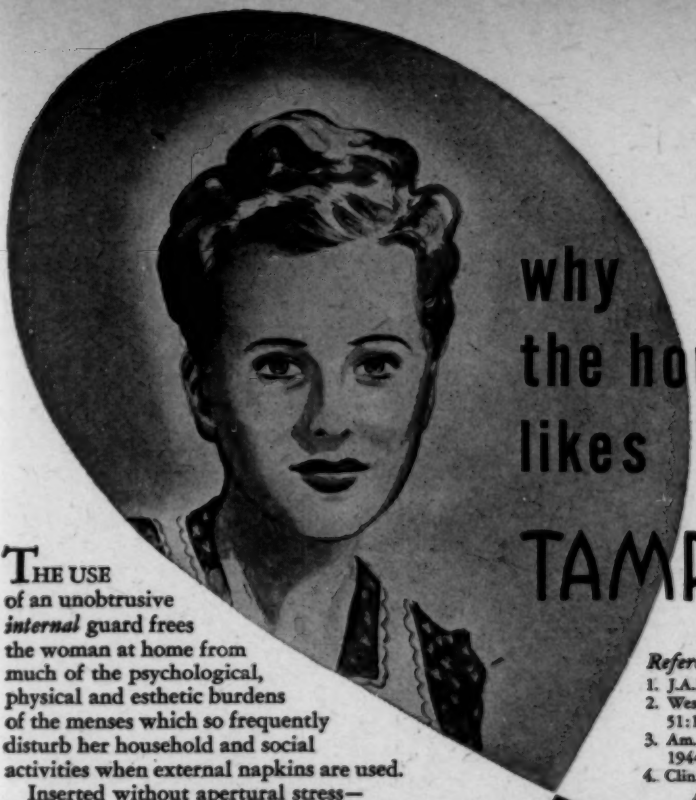

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References:

1. J.A.M.A., 128:490, 1945.
2. West. J. Surg. Obst. & Gyn., 51:150, 1943.
3. Am. J. Obst. & Gyn., 48:510, 1944.
4. Clin. Med. & Surg., 46:327, 1939.

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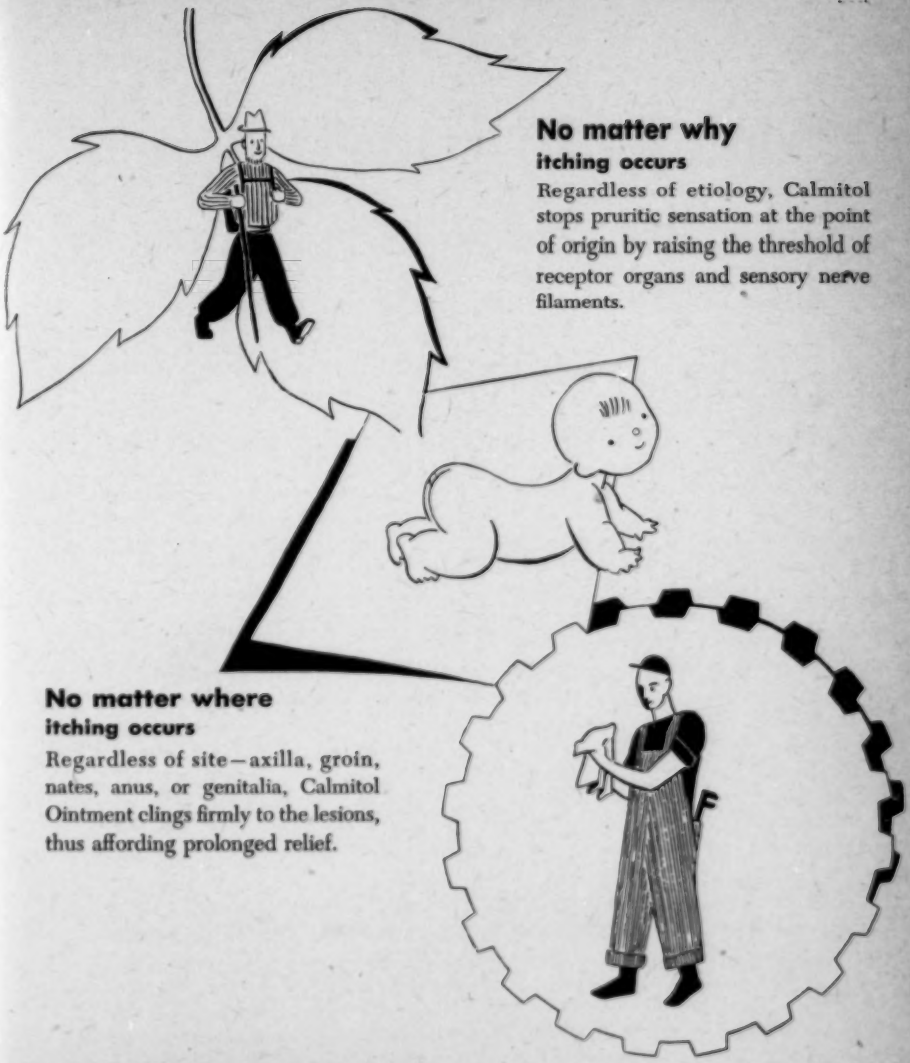

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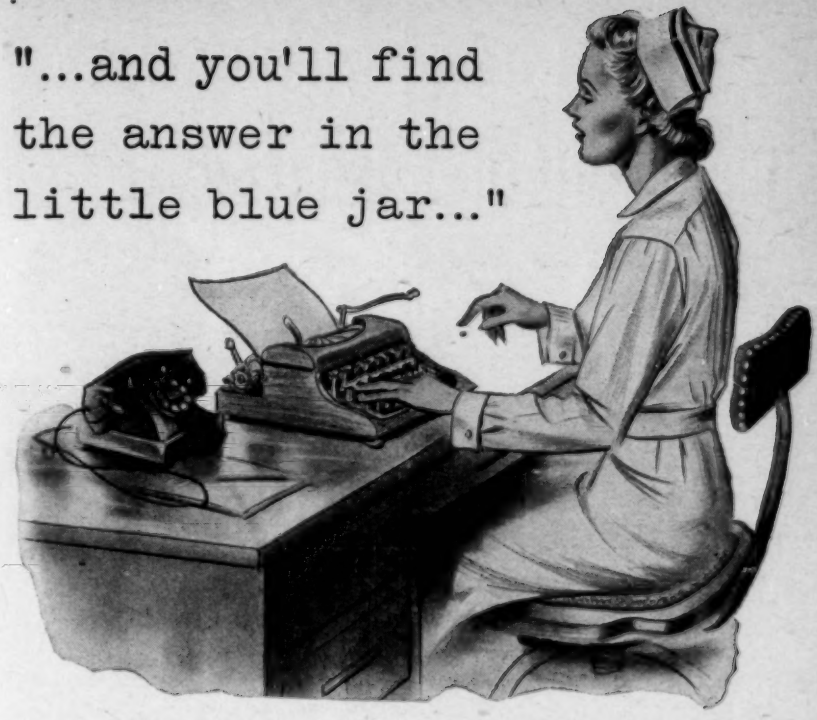

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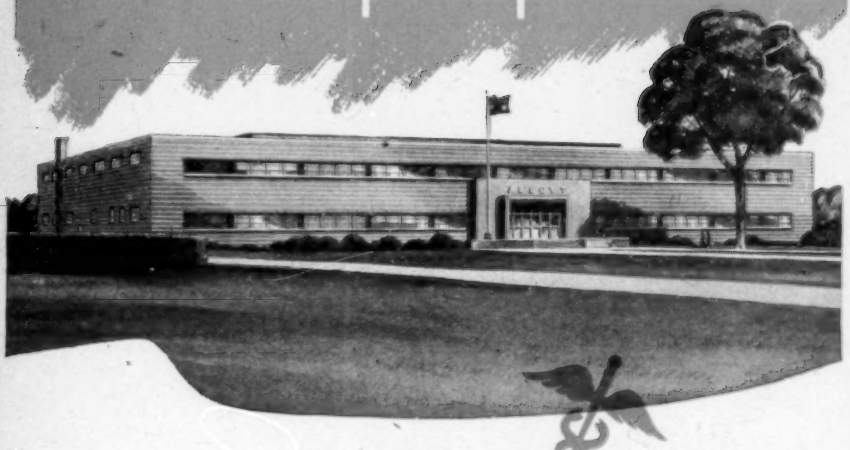

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-THREE NUMBER NINE

MONTREAL, SEPTEMBER, 1947

The I.C.N. Congress 1947

IT MAY BE TRULY SAID that Canada's five official delegates to the International Council of Nurses Congress spent two weeks, at least, where an atmosphere of "One World" prevailed.

Board of Directors

Beginning with the meetings of the Board of Directors on May 5-6, at which the president and general secretary of the C.N.A. were present, a three-day session of the Grand Council of the International Council of Nurses was held May 7-9. The latter is the voting body of the organization which is a federation of national nursing organizations. Member organizations are entitled to four representatives, in addition to the president, who serves as a member of the Board of Directors. The Grand Council last met in London in 1937.

When the Board of Directors met in London in September, 1946, it was agreed that the world upheaval had created nót only very serious problems but also important opportunities for nurses. It was agreed that there was urgent need for clarification of issues and for a strengthened organization to assist nurses of all nations in their adjustments to the rapid changes of the postwar period.

Upon renewal of the invitation extended in 1941 by the American Nurses' Association, plans were made for the meeting of the Grand Council and for a Congress in the United States in 1947. Great tribute must here be paid to the co-operative planning between the officers and administrators of the International Council of Nurses and the American Nurses' Association, and to the membership of the American Nurses' Association who contributed so much financially as well as in personal service. As a result of these heroic efforts, representatives from thirty-one countries were enabled to attend the Grand Council meeting in Washington.

Spring in all its glory had just come to Washington. The shrubs and flowers were a blaze of color and beauty; the blue skies and sunshine,

coupled with warm breezes, dispelled all trace of the memories of the cold, bleak days which, until so recently, had stalked the paths of many of our overseas members. The warmth and charm of our hostess organization members, under the capable leadership of Ashby Taylor, president of the Graduate Nurses' Association of the District of Columbia, permeated and remained throughout our entire stay in Washington.

Nurses from thirty-two nations gathered on the grassy slopes of the Palisades Field House to study such American institutions as hot dogs, barbecues, popcorn, and eskimo pies. The picnic, a relaxation highlight of the five-day conferences, was sponsored by the local nurses. Language may have been a conversational hazard, what with countries as far-flung as China, Greece, India, and Finland represented, but American food served as the happy common denominator. Everyone present entered wholeheartedly into the spirit of the evening and participated in the variety program, consisting of folk-songs, dances, and stunts of every kind. The Canadians were firmly resolved to acquire one, at least, truly national form of entertainment before the next meeting of this nature.

The Grand Council

A banquet for the officers and Grand Council of the International Council of Nurses was held by the nurses of the District of Columbia on Tuesday, May 6. Among the 800 guests at the dinner, held in the Presidential ballroom of the Statler Hotel, were women prominent in United States Government circles and representatives of leading health organizations. Dean Elmer Louis Kayser (dean of university students and professor of history at George Washington University) was the principal speaker. Dean Kayser concluded his address on "The World Today" by saying:

I confess only to be interested in a better world, interested enough so that I am willing to have my country shoulder her obligation in it. I want a world where organizations like yours can carry on their great work without being cabined, cribbed, confined by the selfish power of a few individuals, tyrannically dominating a totalitarian society. I want a society in which the individual, in which you nurses, can find a livelihood and at the same time a full life. I want my country to continue free, in a free world where not only the dead will not have died in vain but where the living will not live in despair.

Mrs. Harry S. Truman, wife of the President of the United States and patroness of the 1947 International Council of Nurses Congress, received officers and Grand Council members at tea in the White House on Tuesday, May 6.

Throughout the entire week, local nurses were hostesses at supper parties, when groups of six to eight nurses from various countries were entertained in the homes of the hostesses, thus enabling the visitors to obtain at least a glimpse of American home life. These proved to be very happy, socializing events and were commented upon as one of the delightful experiences of the week.

Lest the reader may conclude that this was a week of festivity and gaiety only, let me hasten to add that the social events were interspersed with long and arduous business sessions. For example, the Grand Council accepted the challenge to strengthen the International Council of Nurses for its expanding role in International Health and Education when it empowered the new Board of Directors to take all necessary steps to put the report of the Study Committee into effect and to set up a special committee on Ways and Means.

Action followed presentation of a detailed analysis and report by Mrs. Alma H. Scott (U.S.A.), chairman of the Study Committee and director of the study of the structure, functions, and reorganization of the International Council of Nurses. London will again be the site of headquarters as soon as facilities are available, it was voted.

During the three-day Grand Council meetings, Miss Taylor summarized briefly the developments of the ten-year period since the last Congress.

She stressed the fact that headquarters, as now organized, is wholly inadequate to carry the type of program necessary if the International Council of Nurses is to take its place as the acknowledged leader of nursing throughout the world. For the necessary expansion, ways and means of increasing the income of the Council must be found. An increase in the dues paid by member nations was the obvious first step, and many speakers upheld the view that nurses themselves should finance the administration of this organization. Some felt that there could be no objection to securing funds from other sources, such as Foundations for special projects.

The Membership Committee brought out three current problems created by postwar readjustments. In some European countries, the forced relationship of national associations to trade unions is significant. The International Council of Nurses is essentially a professional, nonpolitical body, open to all races and creeds, and any deviation from this is contrary to its aims. Further, the Council has always presumed that the national associations would be comprised solely of graduates having had not less than a three-year basic course. It now finds that at least one national association admits persons trained only in mental nursing. In other countries, the national nursing associations have been dissolved by political authority, as in Austria, Germany, and Japan. This leaves no national association to link with the International Council of Nurses, which is a great loss to the profession, nationally and internationally.

A Constitution and By-Laws of a national association, to guide member and potential member countries, was presented. The clause on membership, as amended, stated that "All members of this association should be graduate, professional nurses, graduates of an accredited, state-recognized school of nursing, which meets the requirements of a nursing school as determined by the International Council of Nurses, this requirement to be contingent upon the adoption of such minimum requirements by the International Council." The Council accepted a recommendation that acceptance of countries applying for active membership should be delayed until the Grand Council is reorganized and a representative can study the nursing situation in the countries applying. Meanwhile, the Council proposed to allow countries to send associate members to meetings until they can be accepted as full members.

The adoption of minimum standards for admission to the International Council of Nurses has still to be carried out and could not be settled at these meetings, as it was not on the agenda. The establishment of minimum standards of qualification for the members of national organizations affiliated to the International Council of Nurses would give the nurses of various nations support in resisting internal political and other outside pressure to lower standards of training below those which are acceptable to nurses themselves.

The Education Committee is revising its pamphlet "Educational Program of the School of Nursing"

A. Goodrich, U.S.; E. Taylor, U.S.; M. Mila, Spain; K. Pohjala, Finland; Dame E. Musson, G.B.; B. Helgestad, Norway; G. Fairley, Canada; A. Schwarzenberg, I.C.N.; D. Bridges, G.B.

and will change the name to "The Basic Education of the Professional Nurse." A second pamphlet on "The Post-Graduate Education of the Professional Nurse" is being prepared.

Suggested next steps, as outlined by the Study Committee, were accepted:

1. Selection of address for permanent headquarters.
2. Appointment of standing and special committees, including a temporary special committee on Ways and Means.
3. Meeting of Finance Committee and preparation of budget.
4. Conference of Committee on Finance with the headquarters committee to discuss the headquarters budget.
5. Presentation of budget to new Board of Directors of the I.C.N. for consideration and approval.
6. Conference of Committee on Finance and temporary special committee on Ways and Means to discuss approved budgetary items and to select those which might be of interest to particular foundations, to other philanthropic agencies and individuals.
7. Preparation of materials for presentation to these foundations, agencies and individuals in relation to contribution of funds to finance the particular project or projects to which the appropriate budgetary item or items refer, in order to supplement dues.
8. Appointment of basic staff at I.C.N. headquarters.
9. Establishment of Bureau of Education, and selection and appointment of educational secretary.
10. Publication and interpretation of functional chart of the I.C.N. for the purpose of informing member associations about the program of activities to be sponsored by the I.C.N. in the immediate future.
11. Implementation of resolutions concerning relations with Florence Nightingale International Foundation, United Nations Educational Scientific and Cultural Organization, and World Health Organization.
12. Selection and appointment of editor-responsible for publications and public relations program.
13. Development of library facilities and appointment of librarian.
14. Appointment of statistical and research worker.

Proposed changes in the Constitution and By-Laws, presented by Mrs. Scott as chairman of the Committee on Revision of Constitution and By-Laws, were accepted as designed to enable the I.C.N. to function more efficiently under a variety of world conditions.

A motion of "deep and sincere thanks to Mrs. Scott and her committee" was voted by the Grand Council, with special mention of "the colossal work given by Mrs. Scott without charge to the I.C.N. over several months of continuous service."

The Study Committee report was illustrated by a large chart showing the proposed plan of organization for the future. This is to be published and interpreted for the information of all I.C.N. member associations.

The Congress

The first gathering of the nurses of all nations attending the Ninth Congress of the International Council of Nurses was for the Memorial Service in honor of the late Mrs. Bedford Fenwick, the founder. The service was held on Sunday, May 11, at 5.00 p.m. and hundreds of nurses were present in the beautiful hall of the Auditorium in Atlantic City. Organ music rose to the rafters as the great company assembled, and the special music of the service was led by the Chapel Choir of the Westminster Choir College, whose red cassocks against the dull purple hangings added to the colorful setting.

Miss Effie J. Taylor gave the memorial address, reminding those assembled of Mrs. Bedford Fenwick's inspiring presence at the last International Congress in London in 1937, when she was already eighty years of age. Miss Taylor read the citation which was to have been presented to Mrs. Fenwick from her nursing colleagues throughout the world in grateful recognition of her unique and lifelong contribution to the nursing profession, of her clarity of vision, her original and fearless quality of mind, and her unshakeable determination that the nursing profession must be free to determine its own destiny, to which end she had founded

and defended the International Council of Nurses.

On Monday morning, May 12, the president, Miss Effie Taylor, declared the Congress to be in session. Dr. Joseph R. Narcot gave the invocation. A letter conveying greetings from President Truman was read. Miss Taylor then pointed out the significance of the date for the opening of this Congress, it being the 127th anniversary of the birth of Florence Nightingale. Among the delegates, said Miss Taylor, were members of forty countries, and she was happy to welcome them, especially as many had overcome almost insurmountable difficulties in order to attend. She welcomed also the many distinguished guests—members of the government, of the learned professions, and of world organizations and institutions, who were so interested in nursing that they made time to honor the convention with their presence.

Dr. Thomas Parran, Surgeon General, United States Public Health Service, described the nursing profession as "the spearhead of the fight for life." In spite of appalling conditions, there was no shortage of hope. The world health organization was taking shape, with great possibilities for the future. There was an opportunity to discard outworn ideas, and the nurses could chart a course to give strength and vision to national health. Nurses must be assured of public recognition and of economic security.

Dr. Edward L. Bortz, president-elect of the American Medical Association, in bringing greetings from their 131,000 members, felt that the conference was of importance and significance to the whole world. The medical profession was hampered when nursing was inadequate, and he urged that nursing beware of too much specialization, as the doctors are now faced with this problem. The Medical Association, he said, is hoping to have a liaison with nursing leaders.

Dr. Brock Chisholm, the executive secretary of the World Health Organization, suggested that the International Congress should consider the important role which nursing should play in world health, that it should pass its recommendations on to the Interim Commission of the World Health Organization and that this organization would expect, and would look forward to, active cooperation with the nursing profession.

In thanking the speakers, Miss Daisy Bridges, president of the National Council of Nurses of Great Britain and Northern Ireland, said:

> The friendship of our countries in the war years has deepened in the days of peace. There is much work before us and much for us to teach. There is need for enthusiasm and the resources of a progressive people. We must be good witnesses of our profession. We must find the way to provide an adequate nursing service for all people; nursing, with its great past, has to get a greater future. First, we must have faith in our cause, which is both honorable and worthwhile. Secondly, we must supply the environment which will enable the nurse to fulfil her work in the broadest sense. Thirdly, the nurse's education must be both liberal, wise, and continuous. Fourthly, in our great gatherings, we must be ambassadors of good will to other countries.

Miss Vera Neih, of China, seconded the vote of thanks. She felt that the idea of "One World" was slowly, but increasingly, being appreciated by the peoples of the world, and that this

Citizens of "One World"

Congress would strongly aid the cause of friendship and world peace.

The business meeting opened with the roll-call. Thirty-three countries were represented, and as the name of each was called the delegate and members from that country rose in their places. The size in each group varied, from the large numbers from United States, Canada, and Great Britain, to the five from China, four from Denmark, and one from Chile. The countries represented were, in the order of calling: Great Britain—United States of America—Canada—Denmark — Finland — Netherlands — India — New Zealand — Belgium —China — Norway — South Africa — France — Eire — Poland — Brazil — Philippines — Greece — Sweden — Czechoslovakia — Hungary — Australia — Roumania — Switzerland — Chile — Palestine — Italy — Mexico — Colombia — Austria — Spain — Venezuela and Turkey.

Miss Annie W. Goodrich (United States) then took the chair, while Miss Taylor, president, gave her address. "For ten years we have awaited your arrival," she said. "Our grateful hearts are lifted in thanksgiving that so many of us are here today. We charge you on your return to carry our affectionate greetings to those who could not attend the Congress." It was forty-six years since the American nurses had had the privilege of meeting, in the United States, their colleagues from distant lands, and the years since 1937 had left an indelible mark on all. She paid tribute to all those who made the supreme sacrifice, and to all who had done so much both in military and civilian nursing to make the world a better place. "All over the world," continued Miss Taylor, "there are too few nurses and the cause must be vigorously sought. To be sufficient and effective for a purpose demands the highest type of broad culture and experience. One of the primary functions of the International Council of Nurses is to interpret nursing in its essentials; it must be not merely a scientific skill but must also include social understanding. Student nurses have the right to expect their education to prepare them to take their place in the community and not only in the hospital. In other professions today there are many opportunities and leisure to broaden the outlook on life; it is is not surprising that so many choose to enter one of these instead of nursing." Miss Taylor urged that we do not lose sight of the spiritual aspect in our truly great profession and vocation.

Dame Ellen Musson, treasurer of the International Council of Nurses, said she was very glad to hand over the accounts after twenty-two years, with no outstanding debts; she concluded by reminding the members that there must now be rapid expansion and additional work for the International Council of Nurses, so that members must face soon a corresponding rise in the per capita fee.

The meeting adjourned so that the members might visit the exhibits, which were described as among the most colorful ever assembled for a nursing convention. Manufacturers had brought to Atlantic City an estimated $1,000,000 worth of equipment and displays of all that is new and of interest to the nursing profession. Many foreign governments participated, not only for the purpose of greeting their own nationals but also to extend to all visitors and delegates information about their respective countries. Among those considered by authorities to be outstanding was the Canadian exhibit, which depicted all the health services available for the Canadian family. A map showed the centres of population and the health services available in those centres. A particularly interesting feature was the pictorial presentation of the method by which medical and nursing personnel were flown to inaccessible areas by air ambulance.

The Government of New Zealand presented an exhibit showing photographs of the educational and recreational advantages for student nurses in that land of unexcelled outdoor sports. Nursing in Belgium and the

Belgian Congo was the theme of the exhibit of the Belgian Government, while the exhibit of Switzerland was devoted to the Olympic games and winter sports pictures. Czechoslovakia's display was of nursing, while the Republic of the Philippines had examples of handicraft work to stress the efforts being made for the economic rehabilitation of its citizens, including nurses. From an educational viewpoint, it is doubtful if a more varied exhibit section has ever been assembled.

On Wednesday morning, May 14, the International Council of Nurses assembled to hear several prominent speakers on the subject of "nursing and world organization." Miss Killikki Pohjala, of Finland, who presided, remarked that there was one truly international word and that was "health."

Dr. Harold E. Snyder, director of the Commission on International Educational Reconstruction, stated that, although UNESCO was not the first effort of its kind, previous efforts had only received limited support. Many projects were being planned, from fellowships for specialists in war-devastated countries to youth service camps, to help rebuild schools and hospitals in such countries. Dr. Snyder ended with the plea that nurses should not isolate themselves from other citizens or from other teachers.

The Honorable Aake Ording, consultant on Fund-Raising, Division of Economics, Stability and Development, Department of Economic Affairs, United Nations, spoke of the splendid work which UNRRA had done and the nurses working with it. The present situation was a great challenge to the whole of civilization. "Do we not care that sixty million children should be hungry, though we have food?" asked Mr. Ording. The United Nations have decided that this problem of the children must be faced at once, even though other important matters have to wait. Between six and seven million dollars in foreign relief is needed, but this is not much more than two days' expenses of the United States, the United Kingdom, and Canada in the war. Five years of sweat and toil of the whole world for war; why not one day's toil for peace? The General Assembly has agreed to this proposal. "One day's work for one free world" is to be the slogan, and everyone in every country will be asked to give. Not only the non-devastated countries, but every country will give. The devastated countries agree to this, though some countries will receive more than they give. A world-wide effort will be made in the near future, and everyone will be given the opportunity of looking into that new world we talk of so much.

Sir Raphael Cilento, director of the Division of Social Activities of the United Nations, also addressed the assembly. After each great conflict, nursing and medicine have had the opportunity to develop greatly, but all these efforts would have failed eventually if we did not make this last opportunity a success. The cause of failure was isolation from reality in nursing, abstraction and isolationism that do not follow the trend of the time. "My message to you today is this," said Sir Raphael, "are you sufficiently free from those dangers? After the Crimean War there was Miss

China, Czechoslovakia and U.S.A.

Nightingale; after the 1914-18 war there came registration for nurses; after this war we have the opportunity of co-ordinating the nursing of sickness with that of public health and industrial nursing. We have to teach people how to live. Nurses do well to realize that nursing is not only a service for the sick but for the well. There has begun a process of specialization up and specialization down, but we must capture every field from the highest to the lowest and consolidate them into one plan, or we shall again go through a period of isolation from reality which will lead not to a new pinnacle, but to disaster."

Dr. William Sawyer, chief medical officer of UNRRA, gave a summary of the ways in which conquering peoples had in the past considered the health of the conquered. Now the doctor, nurse, and sanitary engineer are the essential workers among the team of many. Dr. Sawyer predicted that the broad objectives of the World Health Organization would permit development in future health organization and activities unthought of before, and that nothing could hold it back so long as international co-operation was maintained. "Nurses will have a large part to play in the development of health, which will be continued in the more propitious days of peace," the speaker concluded.

On Wednesday evening, May 14, members gathered in the Assembly Hall for the Florence Nightingale oration. Mrs. Lucy Seymer, a graduate of the Nightingale School of St. Thomas Hospital and former librarian of the Royal College of Nursing, gave the oration. It is our sincere regret that nurses everywhere could not have shared this experience. Mrs. Seymer has an extremely charming and attractive personality, and her musical voice made listening a sheer delight. It was plainly obvious to her spellbound audience that much hard research work had gone into the preparation of one aspect of the work of Florence Nightingale, namely, her writings. We later learned, what we suspected was true, that Mrs. Seymer had spent many long hours during one of Britain's most trying winters searching out records in the chilly atmosphere of the British Museum, with often only the light of a candle to carry out her extensive searching and reading.

Mrs. Seymer chose the writings of Florence Nightingale as the subject of the oration for this Congress because they are greatly underestimated and because, in them, Florence Nightingale reveals herself completely. The Florence Nightingale International Foundation proposes to catalogue everything connected with Florence Nightingale and all she wrote, and this will greatly facilitate the work of future students.

Mrs. Seymer went on to give a most lively survey of the writings and said that Florence Nightingale was a great "debunker"; her writings were trenchant but never scurrilous or personal; her notes on matters affecting the hospitals, health, and efficiency of the British Army were the greatest written indictment of stupidity. The most marked characteristic of the writings was their absolute lucidity—"lucidity might be synonymous with dullness, but 'dullness' can never be applied to Miss Nightingale." Her governmental writings are clear and unemotional, but here and there contain a sly "dig," such as, when criticizing a government report which referred to "inconvenient overcrowding," Miss Nightingale queried "What is convenient overcrowding?" "Humbug was her greatest enemy, and to shams and muddled thinking she was merciless," declared Mrs. Seymer. "She is breath-takingly modern and states that the frequent definition of a nurse as devoted and obedient would do well for a porter or a horse, though not a policeman."

"Was Florence Nightingale a great writer? She would have deprecated this title, as she would rather live than write; she wrote because she must. Her influence was unparalleled after the Crimea and she felt she must use it," Mrs. Seymer continued. Her versatility was as overwhelming as the sheer amount of her writings; but

much was never published, and much was only printed privately. Her writings can be grouped under four headings: reports; writings on hospitals and nursing; philosophical and religious writings; and works on India. In addition to those are her innumerable letters, most of which are unpublished. Her *Notes on Nursing* were first published in 1859. It was her only book solely on nursing and was a best-seller of its day—15,000 copies being sold at five shillings each in a month. This publication was a bombshell and enunciated the principles of the nursing profession for the first time. Mrs. Seymer went on to mention briefly the writings in the other three groups, and finally said that a study of Miss Nightingale's published works furnished a truer appreciation of her personality and interests—their study was a most important spiritual refresher course in the fundamentals of nursing. "As a graduate of her school," said Mrs. Seymer, "I bring this oration to a close with the knowledge that we are only on the threshold of nursing. In future may a better way be opened."

The nurses of Canada will be glad to learn that the International Council of Nurses announced at the closing session that the Florence Nightingale oration, prepared and given by Mrs. Seymer, will be published in suitable form for use in reference libraries.

Following the oration, Miss Effie Taylor made a presentation to two women who had made their mark in the international nursing world. After reading the citations, she presented a jewelled pin with the Council's insignia, and illuminated scrolls, to Miss Annie W. Goodrich, for her amazing versatility and inspired, effective leadership in nursing education; and to Miss Lavinia Dock, secretary to the Council for twenty-four years from its inception—"one of the greatest spirits that ever moved in our midst, for her invaluable contribution to nursing and international progress." Miss Isabel Stewart announced that, in appreciation of the wonderful work and life of Miss Dock, some friends had created a fund in her honor, to be presented to the International Council of Nurses to symbolize her generous spirit. The fund amounted to three thousand dollars and was still open. It was to be used for supplying educational materials, translating books, and supplying equipment and film strips through the International Council of Nurses.

Before a huge audience in the ballroom of the Assembly Hall, the Ninth Quadrennial Congress of the International Council of Nurses came to a close with the giving of the watchword "Faith" by the retiring president, Miss Effie J. Taylor, and a welcome to Sweden in 1949, given by the new president, Miss Gerda Höjer.

Miss Grace Fairley then submitted the resolutions which had arisen out of the Congress, all of which were carried unanimously. The resolutions were as follows:

1. That members pledged themselves to support the appeal of the Honorable Aake Ording, of the United Nations, for relief work for the children throughout the world.

2. That the International Council of Nurses considered themselves a positive force in supporting international bodies working for world peace and the welfare of mankind.

3. That national organizations, able and anxious to assist those national organizations in need, should be authorized, through the International Council of Nurses, to assist in their professional needs, such as teaching equipment, books, publications, etc.

Gerda Höjer and Effie Taylor

4. That there was a crucial need for nursing and other personnel in health services and as there was no single or immediate solution to this problem, therefore, the Council called on all people of good will to seek a remedy for this shortage, and they called particularly to young women to enter the service of mankind in this way.

5. That, as the quality of nursing and the numbers depended partly on the satisfactory circumstances and conditions under which nurses must work, the International Council of Nurses urge the development of the national association as the most suitable spokesman on salaries, conditions, etc.

6. That the International Council of Nurses offer its gratitude to the American Nurses' Association for the financial support of headquarters during the war years.

7. That, in recognition of the outstanding work of Miss Taylor, president of the Council for ten years, honorary membership be conferred upon her, and also on Dame Ellen Musson, who has given up her post as treasurer this session; that a vote of thanks be made to Mrs. Seymour, of the National League of Nursing Education, for the Adelaide Nutting Plaque, and to friends of Lavinia Dock for funds; also to all organizations and people who had helped to make the Congress a success, particularly Miss Anna Schwarzenberg.

Miss Anna Schwarzenberg reported that the grand total of members in attendance was 6,592; they came from 39 countries other than the United States of America, with 748 members from these countries.

The officers elected were as follows: President, Miss Gerda Höjer (Sweden); first vice-president, Miss M. Lambie (New Zealand); second vice-president, Miss K. Densford (United States); third vice-president, Miss G. Fairley (Canada); treasurer, Miss G. E. Davies (Great Britain).

GERTRUDE M. HALL
General Secretary-Treasurer
Canadian Nurses' Association

Professional Organizations and Nurses' Working Conditions

GERDA HÖJER

Every graduate nurse knows that our national nurses' associations are formed with the primary purpose of gathering all graduate nurses in each country together. In this way we are made aware of the need for unity in developing health schemes and nursing in our country, and the need to help each other to follow the rapid evolution of this service through continuous self-education.

We have laid this enormous burden upon ourselves as citizens in a democracy. In a democracy, as you know, every citizen is responsible for his or her part in the forward development of their community.

We organized this portion of the work of the association by making suggestions and even by taking the necessary steps regarding the schools of nursing and the post-graduate education to keep them ahead of, or at least abreast of, other educational institutions; by studying and sending reports to the proper authority regarding proposals to new laws attaching social conditions and nursing activities; by trying to persuade the authorities to appoint nurses to committees for research work of this kind; by observing the practical functioning of laws and by giving statements to the authorities if necessary; by holding lectures, meetings, discussions, and courses. For these reasons the national organizations of nurses all over the world have united into the International Council of Nurses, and the associations of the five northern countries of Europe into the Northern Nurses' Union.

Our second reason for organization is to bargain for better hours and working conditions, living conditions, and salaries—in a few words—employment conditions, to ensure that they correspond to the standard of other professions in our own and other countries.

We take up this problem at this time because the nursing profession, at least in the northern countries of Europe, always has

been and still remains a charity work not paid a decent salary, etc., and we find this very unfair! And because—it is a very great problem of today—the young girls of the calibre we urgently require are able to find so many other social and human professions which give them not only satisfaction but a remuneration in accordance with their ability and at the same time require less strenuous working hours than does the nursing profession. Of the greatest importance to any profession is the quality of the young people who are engaged.

In Sweden we discussed, in 1934, the question of our group's economical standard. We are firmly convinced that we can never succeed in our first purpose if we are not successful in our second.

Now I have come to the important part of the question: our employment conditions. So far as I can see they might be dealt with in at least two ways:

The first way: The association should proceed with some research work to determine employment conditions among nurses, perform a comparison between this and other professions, and by law acquire the right to discuss economic questions with the employers, performing this task for all members regarding salaries, annuities, compensation for eventual higher cost of living, holidays, working hours and how they are planned, compensation for night duty, repayment for residence, food, laundry, etc., pensions, if necessary. In other words, the association shall regulate employment conditions by bargaining with the various employers.

The second way: The association should proceed with some research work to determine employment conditions among nurses, should perform a comparison between this and other professions and, in the professional journal, publish the result and relate the conditions under which the association advises the nurses—in other words—a guide for its members.

In a country with a political structure such as Sweden, we will not have any progress through the second way. We experimented with this method until 1934, by which time we were at the bottom of employment conditions, and we at last united our forces and began the struggle.

The political structure of a country has a great influence on maintenance of proper conditions, because the trade unions for all their handicraft workers in a country of Sweden's political structure for years have kept on bargaining every other year—and now each year—to increase their wages, while the salaries of the professional workers are strictly outlined and remain in a code of rules altered every tenth year. The difference between the conditions for professional and other workers has up to the present time been that, in the first instance, the worker cannot be dismissed if the worker has not done something wrong in service; in the second instance, the worker runs the risk of being discharged at the end of every contract. In reality it is quite the same for both groups as the trade unions do not allow dismissal if they possibly can avoid it.

The members of the different professions see their salaries gradually decreasing while those of the workers are on the rise due to the right to bargain under laws suitable for them. In Sweden various groups obtained the desired law—in 1936, regarding professional workers employed by private agencies; in 1937, for those employed by the state; and in 1940, regarding professional workers employed by the communities, municipalities, etc. As most nurses are employed by communities, etc., in Sweden this law was for the nurses the most important, so I will explain briefly what it contains:

1. The right for employees with official responsibility to bargain with a municipal, parish, or community authority.

2. A bargain may take place on questions concerning general employment conditions, working hours, salaries, and how a contract is applied.

3. An association which wishes to engage in bargaining for its members is required to apply for the right to the Social Department. The association shall give all details concerning constitution and by-laws, who are members of the various boards, the number of members there are and by whom they are employed, etc. Every year the association has to send the above-mentioned details to the Social Department. If extensive changes have taken place in the meantime, the association should report it at once. All published material shall be sent to the department.

4. An association does not obtain the right to bargain unless at least 50 per cent of the profession in question belong to the association.

5. If an association has obtained the right to bargain on the grounds of registration and wishes to use his right towards, e.g., the city

of Stockholm, this association is required to inform the municipality in writing and forward all the necessary details, including the number of members engaged by this city. A copy of the registration act in some cases is enclosed with the above information.

6. On receipt of the above, the municipality is compelled to send proposals regarding employment conditions to the association before decisions are made. The association may ask for bargaining in writing or by requesting an audience.

7. Neither one nor the other has the right to delay a question.

8. Time and place for the meeting is decided by the municipal authority and they appoint the officers. Minutes shall be kept and both groups are responsible for the accuracy of them.

9. Any elected professional worker has the right to attend these meetings and cannot be restrained by the employer.

10. The minutes from these meetings shall accompany the question to the highest municipal authority.

In the law concerning state-employed professional workers the cabinet may on application, from the authority or the association, elect representatives to bargain with the association.

The Swedish Nurses' Association began to bargain with the nurses' employers before the law was passed. We had the proposals for the new law and made some important alterations, but the idea came from a federation of a number of professions, of which our association was a member.

We applied for bargaining rights as soon as this was possible. Our proportion of members in the association, in relation to active nurses in Sweden, has not varied during the last few years. At the conclusion of the year 1945 more than 92 per cent of the active nurses in Sweden belonged to the association. We obtained registration as a bargaining association with state-, municipality-, etc., employers. This right implies that both the national association, the control board, and the local branches, i.e., the twenty-six branches of our association in our country have bargaining rights. The Swedish Nurses' Association's Grand Council has decided that no bargaining shall take place unless consultation has preceded with our headquarters. If possible, one from the headquarters shall take part in the bargaining. This co-operation has proved satisfactory.

First, we had to increase salaries for nurses nationally to the same level for each specialty independently of the employers. It resulted in the rural districts' salaries being 16 per cent lower than salaries in Stockholm. We have, at present, five classification for salaries, based chiefly on the living conditions of various areas—4 per cent between each one, which makes a difference of 16 per cent at the most. Only 15 per cent of the nurses in Sweden are employed by the state. The city of Stockholm has approximately the same percentage of nurses as the state and the provinces employ close to 45 per cent. The state-employed nurses and those employed by the city of Stockholm are the highest paid nurses. It was very important to the association to have the salaries increased for the nurses employed by the provinces, as they are the largest group and thus control the salaries of all the nurses in Sweden.

Our aim was to secure the same employment conditions for nurses as for other professional workers in comparable positions. One could discuss the question at length of which profession is of the same character, etc., as that of the nurse without coming to a proper conclusion. We find that several points should be considered in establishing the salaries for nurses: The demand and supply for qualified aspirants to the schools of nursing; the length, cost, and quality of the training; the type of work, responsibility, financial liability for anything which might happen to the patients; working hours.

Taking all of the above-mentioned requirements into consideration, we have found that a nurse should obtain a salary in group 12-16 in the present salary scale. It was necessary to bargain, in the beginning, for the 70% of the nurses, who were paid the minimum salary, in order that they would eventually reach the higher level. In 1937, the minimum salary for a staff nurse employed by the provinces was 64% of the one employed by the state. A head nurse in the provinces received only 58% of the salary of a head nurse employed by the state and 70% of that of a superintendent.

In 1939 the proportions were as follows: The maximum salary of a staff nurse in the provinces was 75% of the one employed by the state, the minimum salary was 72%. The maximum salary for a head nurse was 72% and minimum salary only 57%, while the maximum salary for a superintendent was 76% and the minimum salary 73% be-

tween 1939-1945. During the war years we did not have any changes in the salaries.

Commencing January 1, 1947, the salaries for nurses in the provinces were about 5% higher than the one for a state-employed nurse. We have accomplished this only by bargaining. The above-mentioned percentages do not reveal the increase of the salaries on a percentage basis as we have, during the last number of years, obtained an increase for nurses employed by the state.

We have not yet had time to bargain for the last increase with all employers, who engage only a few nurses. They will have to increase their salaries, if they wish to obtain the nurses. Before I left Sweden we had already commenced discussion with about half of the above-mentioned employers. The nurses were informed in our nursing publication that they should not accept salaries below a certain standard. Practically all new positions are advertised in our publication and there we are able to control the amount by bargaining if the salary as advertised is insufficient.

When bargaining, as far as salaries are concerned, we investigate very thoroughly employment conditions. In these questions I think that our authorities are a little more advanced than in most countries. In most cases nurses can change positions and still maintain their annuity. This is according to special requirements established by the Health Department for those who wish to belong to the state professional pension system. For all these special requirements we are grateful to our first superintendent in the Health Department, Miss Kerstin Nordendahl. Another requirement is that every nurse on a staff, commencing the first year, shall have a holiday of thirty days a year. The state is the only employer for whom exceptions can be allowed. You are not allowed to dismiss a nurse because of sickness regardless of the nature of the disease. After four years of continuous illness one is eligible for a pension, which shall at least be three-quarters of the professional pension. But there are requirements also for the nurse. If she wishes to withdraw, she is required to give three months' notice. If she can find a substitute, they will let her go earlier. As an association, we endeavor to force the employers to join this pension system, according to the requirements. We have been very successful in this question. Nearly 100 per cent of the Swedish nurses belong to one of the pension systems.

In the last years we have discussed the question of working hours and we have obtained a satisfactory negotiation with our provincial employer, that the working day shall be an eight-hour day with one day off per week—as soon as possible. We have not yet been able to obtain pay for overtime, but we all have the one day off a week or it may be added to a holiday period. In all our work for better conditions we have had excellent assistance from our Health Department.

As mentioned before, the laws for the professional bargaining rights were proposed by a federation of different professional associations. In 1946, we joined this federation, which has at present about two hundred and fifty thousand members, teachers, engineers, etc. Together with representatives from this association we now bargain for better general conditions, such as annuities, pensions, etc. According to our country's principles, all professional men and women in Sweden shall have the same salary for the same work. Nevertheless, we have many underpaid women in the business professions and nursing is one of these. In order to solve these questions we have this federation. In correspondence addressed to our Cabinet we have asked for investigation regarding this question. A committee is now appointed with a suitable female representation.

In the correspondence with the Cabinet—not only from our association but from the many other associations—we have now formed a committee which is investigating the professional workers' pensions in relation to their salaries. We expect a proposal on the subject next year.

A committee, appointed by the Cabinet, has studied nurses' salaries. We worked nearly two years. The study included all nursing staffs and lower economic workers in hospitals, i.e., maids. Of the members of this committee four were of the opinion that a head nurse should be in group 9—she was already in group 7. One member came to the conclusion that she ought to be in group 12. Another member thought group 8 quite sufficient. All experts—the Health Department, the State Education Committee, the Hospital Board, the Doctors' Federation—favored group 9 as the lowest we should consider, most of them being for group 11 or 12. The Cabinet proposed to the Parliament, in January of this year, group 9. The Parliament, where most of the members belong to the provinces, decided on February 24 on group

8, which was the salary for the head nurses employed by the provinces according to our last negotiation. The nurses in Sweden have today 85 per cent of the salary we find fit for them.

What do you think the nurses in Sweden are doing now? As soon as the decision was taken by the Parliament, the state-employed nurses from our large hospitals in Stockholm wrote to the association and asked for action. The nurses gave in their resignations to the association. The association called a public meeting, where all the details were put forward for the public, and the meeting concluded in favor of the nurses. All the daily papers had articles from this meeting—here again in favor of the nurses. Since that time the daily papers of different political colors have published articles illustrating the inadequate salaries paid to nurses.

The Board of the association was immediately called to an interim meeting with representatives from the big professional federation. We are informed by and have conferences with this federation before any action or decision is taken. This is of great assistance.

The Board of the hospitals has now called a meeting to study the methods of bargaining. If the association gives in the resignations, it does not mean that the patients shall be without nurses. Nurses have, as before mentioned, been required to give three months' notice. All would be willing to remain if the salaries are adjusted. Bargaining will commence very soon to study the salaries and better working conditions. This little group of approximately 15 per cent of active nurses fight for all the others, as they advise the amount of the salary for them. In the last number of our journal the Board of the association asks all members to give 20 Swedish Crowns, that is, a little more than $5.00 each to support the action.

What do we gain by this action? We are sure to get overtime pay for this group of nurses, higher salaries for nurses on night duty and on watch—we might be able to get salaries according to the proposal of the Cabinet. Even if we only obtain a small raise this time, we have the possibility of having the question reconsidered at an earlier date than if nothing had happened.

If a question goes steadily forward the bargaining rights are used when necessary, perhaps every other year. I have taken the last and the most official action of our bargaining as an example to show how one, in order to improve salaries, has to bring the various authorities into co-operation, as well as follow the question and use the bargaining rights just at the right moment.

International Education of Nurses

ETHEL JOHNS

We shall consider the manifold responsibilities which the International Council of Nurses may reasonably be expected to assume with respect to the *international* education of nurses. Before proceeding further, it may be well to attempt to clarify the meaning of this rather ambiguous and obscure phrase. What relationship is there between *international* nursing education and nursing education in general? Why is the qualifying word "international" used in this connection and what are its implications?

Reduced to its simplest terms, international nursing education implies that nurses seek and find opportunities of learning something about nursing in countries other than their own and, since education is always a two-way process, it follows that the countries in which these opportunities are sought must be willing and able to make them freely available. This urge to go far afield in search of knowledge has always been characteristic of nurses. Florence Nightingale herself set the example. At first these adventures followed no formal pattern but were independently undertaken by the individuals directly concerned. But as the profession grew in numbers and travel became less difficult, nursing leaders in many countries realized the desirability of more frequent and direct contact and, in response to a felt need, the International Council of Nurses came into being.

From the very beginning, it was apparent that the I.C.N. was keenly aware of its edu-

cational responsibilities. One of its stated purposes was to enhance the usefulness of the nursing profession by expanding and improving the educational opportunities afforded to its members and, at this point, it may be illuminating and encouraging to review the many ways in which this purpose already has been fulfilled. The successive congresses held at regular intervals in different countries made it possible for nurses from all parts of the world to meet in congenial surroundings and to take counsel with one another. The distinctive culture and traditions of the various national groups which extended this hospitality served as a rich and colorful background for the more formal deliberations. Slowly but surely differences in race, language, and creed lost their significance and we began to realize that the bond of our common task transcends them all.

We also learned to like and trust one another by working together on the committees which were set up to explore and compare educational standards and methods in the member countries. Qualifications for membership in the I.C.N. were formulated and proved to be both an incentive and a stimulus to newly-formed national organizations which were eager to achieve international recognition. No attempt was made to impose fixed educational requirements or methods upon schools of nursing in any country but, thanks to the excellent work done by the Committee on Education, acceptable standards for the basic training of nurses were agreed upon and served both as a pattern and a measuring-rod. Only those who have had the privilege of observing the results of this untiring effort in many countries and over a period of years are in a position to assess them at their full value. The foundations have, indeed, been well and truly laid.

As time went on, the educational activities of the I.C.N. were brought more sharply into focus by the enterprising executive staff at headquarters. The *I.C.N. Review* appeared, skilfully edited in three languages and beautifully printed. This professional journal proved a most effective educational tool as well as serving as a link between the member countries. For a time it almost seemed that we were ready to go forward together into an unclouded future. Then, in 1939, the shadow of the Second World War darkened the sky. But even in the darkest hours the flame which we had kindled was never utterly quenched. There were those in every country who guarded and cherished it. The I.C.N. owes a great debt to its president, Effie Taylor, who, through the long years of strife, managed to keep in touch with her colleagues in many lands in spite of obstacles which might have daunted a less gallant and loving spirit.

Now, the International Council of Nurses once more realizes its forces, closes its ranks, and prepares to tackle the new and challenging tasks which lie ahead. First of all, close contact must be established with the United Nations and other associated organizations, such as UNESCO and the World Health Organization, which are now engaged in building a new world upon the ruins of the old. The I.C.N. will thus be able to function in an educational capacity as the interpreter and representative of organized nursing in all parts of the world. The headquarters of the I.C.N. will be a clearing-house for information concerning the activities of these powerful international agencies and will promptly relay it to the member countries by means of the *I.C.N. Bulletin* soon, we hope, to blossom out in all its pre-war splendor.

The I.C.N. will also look with confidence to these international agencies for help and guidance in setting up more far-reaching policies with respect to nursing education. Demands for service are already being made upon a scale so vast that we must be able to count upon the support and sympathetic understanding of those whom we are to serve. Co-ordinated planning upon an international as well as a national scale will be indispensable and we should be ready to present a full and accurate appraisal of our present educational resources as well as to submit a frank estimate of the extent to which they are, or are not, adequate to future needs. The I.C.N. is in the fortunate position of being able to obtain, analyze, compare, and assemble the information which the World Organization will want to receive. If we can prove at the outset that we are capable of participating in world affairs there can be no doubt that we shall be permitted to do so. No other group of women enjoys a similar opportunity. We should not fail to take full advantage of it.

The approach of the atomic age brings a promise and a threat which did not exist prior to the war. Already it has led to discoveries in the field of medicine which make it imperative that nurses shall acquire new

knowledge and develop special skills. If there were no other challenge than this, there would be no need for dismay. But if the disasters which destroyed Hiroshima and Nagasaki were to devastate our own or any other country the nursing profession would be obliged to accept heavy responsibility. The task of preparing its members for this ordeal rests squarely upon the shoulders of the International Council of Nurses and the national organizations of which it is composed. No country will be immune. Political frontiers are no barrier to radio-activity. Neutrality and non-belligerency are no defence. Distance is no shield. We should all be under fire, military and civilians alike. Every branch of nursing service would be called up immediately. Highly qualified teaching personnel and special equipment would have to be accessible to whatever military and civilian authorities were in command. There is, of course, every reason to hope that no such emergency will ever arise but that is no excuse for neglecting to study ways and means of dealing with it. Here is another instance of the paramount importance of maintaining close touch with the international agencies which have already been mentioned. Unless our efforts mesh with theirs we cannot be effective in so widespread a calamity.

Now let us turn to other and happier prospects. If all goes well (and we must hope and believe that it will) the International Council of Nurses will resume forthwith the peaceful tasks in which considerable progress has already been made. Educational standards will be re-examined, modified, and strengthened. The excellent work already done by the Committee on Education in connection with basic nursing will be carried over into the post-graduate field and, as a result, there will be a rapidly increasing demand for opportunities to travel, study, and observe in all the member countries. This is certainly a situation in which the I.C.N. can render valuable assistance, first by evaluating the educational resources which are available and then by issuing information concerning them to the member units. No country has a monopoly of all that is good in nursing and, since the I.C.N. is made up of units great and small, it is not likely to make the mistake of considering sheer size to be the only criterion of excellence.

There is yet another guiding influence which the I.C.N. might well exercise, especially for the benefit of those of us who live in Anglo-Saxon countries. For a time at least the tide of travel will flow in our direction and we should be keenly aware that living, working, and studying in other countries than one's own is not as simple as it sounds. It might be a happier and more profitable experience if the climate, in more senses than one, were more temperate and genial. Within the friendly orbit of the I.C.N., we Anglo-Saxons might learn that there are better ways of overcoming the barrier of language than by shouting a little more loudly in English. While we can never emulate the deceptive ease with which our European and Oriental sisters glide from one foreign language to another, we might try to master the rudiments of one. It might also create the sort of climate which our visitors would enjoy if the I.C.N. could help us to understand how it feels to work in a physical environment which is sometimes uncongenial and always unfamiliar. We ought to know from experience how miserable it is to eat queer food at unusual hours. Americans should be compelled to drink English coffee and the English should be compelled to drink American tea without visibly shuddering. On this side of the Atlantic we should remember that the Latin races consider corn on the cob to be unfit for human consumption and are surprised to find it on our dinner tables. Visitors from the Balkans who delight in scattering caraway seed over cabbage and ice cream should be allowed to do so without invidious comment on our part. As Kipling said, "God be praised for the infinite diversity of his creatures." It makes life much more interesting. Foolish trifles? Well, perhaps, but nevertheless these are the intangibles which, mingled with one another, make up the subtle essence known as climate.

The I.C.N. should also remind us that our visitors might be able to teach us something if we could ever stop talking long enough to listen to them. Furthermore, we should realize that it might be well freely to admit our own failures for they certainly will not escape the vigilant if friendly eye of the foreign observer. The officers of the I.C.N. frequently have an opportunity to talk with visitors who have just returned from a sojourn in our midst. It might be salutary if disconcerting to be told that the quality of our teaching was not judged in the classroom alone but was subjected to a sterner test at the bedside of the patient. The records which seemed so impressive in the office of a public health nursing agency may have seemed a

little unreal to the visitor who compared them with the sort of work she observed out in the field. After all, educational education is, or ought to be, a two-way process. Why not expose ourselves to it occasionally?

And now brief reference must be made to an educational responsibility so heavy that it outweighs all the others. In setting up a Committee on Ethics the International Council of Nurses tacitly admitted that the scientific and technical content of nursing education must be blended with some instruction concerning moral and spiritual values. During the past few years nursing morale has been undermined to some extent. Our patients do not complain of an occasional lack of knowledge or skill on our part. The trouble goes deeper than that. The callous attitude, the blank indifference with which some nurses regard them is far more wounding. Perhaps it is unreasonable to expect that nurses shall altogether escape the weakening of the moral fibre which is apparent in the community at large. But are we compelled to adopt the graceless manners and vulgar speech which seem so out of place in the presence of anxiety and suffering? Should not every patient be treated with the courtesy and respect which imply recognition of his dignity and worth as a personality in his own right?

Where are we to look for a remedy? The harsh military discipline of the old days has crumbled and is not likely to be restored but, in spite of its stupidity and arrogance, it did make for law and order by imposing certain restraints over behavior and speech. As a professional group, we are bound to seek a more excellent way and to set up controls which replace the arbitrary and inflexible discipline which is inherent in the military system. The International Council of Nurses, in co-operation with its national units, could and should provide the positive and enlightened leadership which is necessary to the preservation of our professional integrity.

It has been shown that the International Council of Nurses has certain specific responsibilities with respect to the international education of nurses and, by way of summary, these may be re-stated as follows:

1. The establishment and maintenance of close and effective relationships with all international groups associated with the United Nations which are engaged in promoting the health and welfare of mankind.

2. The maintenance and improvement of the standards already set in relation to the basic education of nurses.

3. The formulation of acceptable standards for post-graduate education and the encouragement of the interchange of nurses between the member countries for purposes of study and observation.

4. The development of strong and fearless leadership which will ensure the preservation of the moral and spiritual values which are the very soul of nursing.

Over and above all these, there is yet another educational responsibility which, through the years, the International Council of Nurses has never failed to fulfil. We have demonstrated by force of example that it is possible for people of different races, creeds, languages and political beliefs to work together and, in a measure, to understand one another. The I.C.N. has steadfastly refused either to be influenced or dominated by any political ideology whatsoever.

The links which bind us together have survived the atrocious tensions of two world wars and a whole series of economic depressions. There have been quarrels, rivalries, petty frictions, because very few of us are quite ready to become citizens of the world and we cling to the beloved country which is our very own. But we are learning. Slowly but surely, we are becoming convinced that international unity and peace does not only depend upon formal treaties drawn up by the heads of governments but also upon the determination of certain groups to keep their international solidarity intact. Among these, nursing is one of the most powerful because the service which we alone can render is given in response to universal need. We have the high privilege of giving it to our enemies as well as to our friends. What else have nurses to offer? Very little that is tangible. Most of us work all our lives for little more than a living wage. Yet, as we look upon the International Council of Nurses to which we all belong, we can claim in pride and in humility that we have brought the honor and the glory of the nations into it.

The errors of yesterday will pave the way to successful tomorrows if we can make a ladder of our mistakes rather than a grave. —J. H. THOMAS

Post-Graduate Education

MARY S. MATHEWSON, B.Sc.

In approaching this topic, I have not prepared an elaborate survey of post-graduate education in the countries represented in the International Council of Nurses, nor even in my own country. In the first place, the elapsed time since I was asked to speak to you was much too short to permit such a report and, in the second place, I have a strong feeling that the survey approach to this topic would not necessarily throw much light upon the way ahead. I think, perhaps, that we on this continent have placed too much faith in surveys and used the term loosely for all and sundry studies. I well remember a noted English visitor who spent some time in our city at the peak of the survey era whose farewell comment was "I shall always think of America as seething in surveys."

Some good undoubtedly comes out of a well-directed survey which has strong, clear-cut recommendations, particularly if these are implemented. Too many of them perish at the fact-finding stage, unfortunately. With this conviction in mind I have tried to put together a few thoughts which I hope may provoke helpful discussion.

Although as old as womanhood, nursing is a very young profession and, like all youthful things, its development alternates between periods of rapid growth and periods when little progress is visible but the organism seems to be gathering strength for a new forward spurt. Tremendous changes have taken place in the social and economic structure of the world since the war began. There have been rapid advances in medicine and in allied fields. Many new and exacting demands are being made upon nurses in old fields while many new opportunities and responsibilities point to the need for a reconsideration of the role and the preparation of the nurse today. Because we are so ambitious for our chosen profession we are disturbed by the present situation in nursing. Within a brief span of years, we have seen the pendulum swing from mass unemployment to incredible shortages. On all sides there are insistent demands for more hospital beds and for more public health nurses. The continued and increasing shortage is disillusioning to a public which learned to have a new respect for nursing service during the war years, particularly at a time when the world is trying to find health and peace and nurses are needed as never before. From some quarters come strong recommendations that the nursing course be shortened and that entrance requirements and standards be lowered in order to produce more nurses quickly. At the same time there is dissatisfaction in the profession itself and much heart-searching as to whether or not we are more interested in the bait of shorter hours and higher wages held out by labor organizers, or whether we wish to remain a self-directing professional group. Let us remember that we deal in human lives and the happiness and well-being of individuals, families, and even of nations. It is a business which for some branches of the service must go on for 365 days each year, 24 hours each day, statutory holidays and weekends included. The overtired nurse cannot give her best and, therefore, we must seek to prevent overwork—but do not let us say "40 hours a week and overtime, *or else!*"

It is time that nurses themselves, who best know nursing, decide what can and must be done about all these matters or the decisions will be made for them. The situation is undoubtedly critical but let us accept the fact that this is an emergency. As our British sisters might say, we must not be "panicked" into making hasty decisions which might undermine our very foundations and which we would undoubtedly regret. On the other hand we must be open-minded and willing to make essential changes. Clear thinking, cool heads, long-term planning, and courageous action are certainly needed.

In glancing back over the story of our development, wars and their aftermath have provided the needed stimulus for tremendous changes in nursing. The Crimean War crystallized the work of Florence Nightingale and the training school was born. The Civil War in the United States of America precipitated a parallel development there. The war of 1914-18 forced the expansion of public health nursing and also fanned the feeble flame which at the turn of the century had produced the first university department of nursing and the first post-graduate course for nurses. With the post-war impetus, and on the insistence of nurses themselves, the number of such courses reached unbelievable proportions?

It seems inevitable that the end of the recent conflict should mark another turning point in our history. It is very fitting, therefore, that we take counsel together at this particular time if we are to come out of the present chaos into the promised land of nursing, with true professional status and a workable plan for providing nurses to give and direct the best possible nursing service for all who need it.

But what has all this to do with post-graduate education, you may ask? If we desire to change the pattern of nursing this can only come about by means of education. If we wish the effort to succeed it must start not only with the beginners but at the same time with those who are to be instrumental in bringing it about, that is, their teachers and directors. Where can they be reached in order to prepare them for that task except through post-graduate education?

Fortunately there is much hope for the re-education of adults. In our generation we have seen it done with tragic effectiveness for undesirable ends. Surely even more effort can go into a program with such a worthwhile goal.

In facing any problem it is often of tremendous assistance to learn how the same or a comparable problem has been dealt with by someone else, the methods used, and the results obtained. In our present situation let us look for a minute at Denmark. During the last century Denmark found herself in a desperate plight economically. Within a relatively short space of time, life in Denmark was completely transformed and the Danes became a prosperous and progressive agricultural nation. This change was brought about by an excellent adult education scheme which did not *teach* the Danes to farm well but which roused in them such an irresistible desire to do so that the whole way of life in Denmark was completely changed as a result.

It seems to me that there is a very practical lesson for us in the Danish experience. Let us imagine that our nursing situation today is comparable to mid-nineteenth century Denmark. Instead of concentrating on an agricultural program we are vitally interested in a nursing development.

There are very few, I should judge, who believe that the basic course in nursing can produce nurses who are sufficiently qualified for all branches and all levels of nursing responsibility. Much is being done to broaden the basic course but if results are to be produced, in a reasonable time, it is evident that continuing education for those already in the field is equally important. It is such continuing education which we mean today when we speak of post-graduate education which our French confrères call "cours de perfectionnement," a very apt designation.

Reduced to its simplest terms, post-graduate education means simply education after graduation. What such education may be will depend to a large extent on what the education *before* graduation has been. Broadly speaking, it may include everything from staff education or "in-service" education to the most advanced curricula in university.

Even the terms, graduate and undergraduate, may be interpreted differently in various countries. In my country, for example, the term undergraduate when applied to nursing education means the basic course whether in a school conducted by a hospital or a university. Post-graduate may mean anything beyond that level. In other countries undergraduate may be applied to the basic course but is also used in referring to courses leading to a bachelor's degree, even for those already graduate nurses. The term post-graduate or graduate course is used for advanced courses in clinical specialties as well as for those programs beyond the bachelor's level, that is, leading to a master's degree or a doctorate. Whatever our interpretation may be we must define what we wish post-graduate education to do for nursing and then ask ourselves whether the tools and methods now used are producing the desired results and if not, why not?

As Aristotle commented long ago, "In education it makes all the difference *why* a man does or learns anything." What are our motives? If they are merely more prestige, a higher salary, another degree, then perhaps they are fulfilling these purposes to some extent. If, on the other hand, we are concerned with the development of the truly professional nurse and with meeting community needs we cannot be complacent.

Much of what is now offered in the name of post-graduate education is virtually technical education which is designed to prepare one for a job and thus to earn a living. If we believe that the true purpose of education is to develop human beings who have learned to see, to hear, to feel, to think, and to use their native abilities, most of us will agree that in general our present methods do *not* produce the desired ends.

Too many of our courses are collections of isolated subjects with the emphasis placed on giving factual information to students, many of whom do not want it. Much of it is of doubtful value to them, yet results are frequently measured in terms of the information acquired rather than the degree of intelligence and the idealism roused.

Too often there is a lack of balance between theory and practice. Someone has said, "Without theory practice is unintelligent—without practice theory is not understood." Certainly in nursing, theory without some actual experience is educationally wasteful and unsound. The adult with experience of life and the nurse who has practised her profession are much more able to profit by educational opportunities.

In spite of this, many of our inexperienced nurses are encouraged to enter post-graduate courses immediately after the basic course and frequently flit from course to course as they become increasingly remote from the practical application of their theory. Much more emphasis should be placed on the importance of gaining experience before proceeding to further courses which would then take on a new meaning.

Enough has been said and written about staff education that it will not be elaborated here except to say that no progressive nursing group, whether in or out of the hospital field, can afford to remain for long in a service where a good staff education program does not exist.

The development of other forms of post-graduation education in general has followed a pattern which is found in most countries in greater or lesser degree. It is interesting to note that, with few exceptions, facilities became available as the result of the felt need and the efforts of nurses themselves. The first step is usually taken when a nurse is selected for further training in a new field or a clinical specialty and sent away to a centre where the specific interest concerned is well established. She later returns to give service and to teach others what she has learned. An alternative to this plan is to import an expert to initiate the teaching program. By either of these methods a small group is prepared to render better service in a given field. Many of these ventures have been in such clinical specialties as pediatrics, obstetrics, or psychiatry, and are sometimes called "added experience courses." There is a growing tendency to supplement such programs by including some classes in the scientific background of the service and also in the general principles of teaching and supervision which may be applied in that specialty. The facilities of colleges or universities are often used in this connection and this association tends to raise standards by ensuring more uniform entrance requirements and by strengthening the clinical resources as well as the calibre of the teaching personnel.

There are others which have been designed to supplement the basic course in order to prepare a nurse for public health nursing. These are usually conducted under university auspices. Much of what is still included in programs for this group is really elementary though necessary to make up deficiences in the basic course. The same is actually true of most of the courses in teaching, supervision and administration in varying degree. Successful practice should undoubtedly be a prerequisite for such programs. There are always two points of view on this matter, the first being that the nurse who has her post-graduate course is better prepared for the field, but the factor of getting theory before practice operates here. The second is that the nurse who has been in the service first profits so much more from her course for the obvious reason that she knows so much better what she needs and can relate theory to practice. There is always the question as to how long is long enough to work in the field before securing further preparation. This can never be settled arbitrarily in terms of years or months because of individual learning rates and because of the variance of learning opportunities in the service itself.

There is yet another type of program which is still in the developmental stage and that is the "workshop." It seems to me that this plan, which brings together for a few days or weeks a relatively small experienced group who share a common interest or common problem, comes nearer the real answer to many of the weaknesses in our present system. By bringing together those who are interested and a counsellor or leader who has proven ability in that particular subject or problem, by providing that most essential ingredient, uninterrupted time for thinking through the whole situation, and some essential tools in the form of books, reports, and other available materials, much that is of permanent educational value should ensue.

If it is true that education for individuals must be cut to individual measurements it is

equally true of nations. No one pattern for post-graduate education in nursing can be presented which will serve all countries in varying stages of growth. Miss Stewart's committee has based its report on broad general principles, the fundamentals. We must accept the fact, rather regretfully I am afraid, that each of us must take these principles and work ourselves to make the best use of them we can in the light of present and future needs, resources, and trained personnel.

What students at any level need most is not the teacher who will pour out information often resulting in what one educationist has called "a mind loaded with undigested lumps of information," but one who can inspire them, who will help them to find new knowledge, new skills, and new faith in themselves. What we need in nursing is more teachers who can restore our faith in the future of nursing, who will help us to find a new outlook and a broader vision.

Nursing Groups Other Than Registered Nurses

C. A. NOTHARD

I propose to deal with this topic mainly in the light of conditions pertaining to the Union of South Africa. It is essential for me to briefly describe the conditions under which nurses follow their profession in our country.

In South Africa at present both registered and non-registered nurses may practise nursing and call themselves nurses. At the outset I wish to express the view that this state of affairs is in many respects most undesirable. In common with all other countries in the world, we are suffering from a severe shortage of registered nurses in the Union. While this shortage persists the practice of non-registered nurses with little or no training will have to be countenanced.

In 1944 the Nursing Act was placed on the Statute Books. This Act provided for the establishment of two independent bodies—the South African Nursing Council and the South African Nursing Association. The nursing association is charged with raising the status and promoting the interests of nurses. This statutory association replaced the now defunct South African Trained Nurses Association. By law all registered practising nurses are compelled to become members of the S.A. Nursing Association.

Prior to 1944 the powers vested in the S.A. Nursing Council were in the hands of the S.A. Medical Council. The function of the Nursing Council can be summarized as that of safeguarding the interests of the public in so far as nursing services are concerned. Notwithstanding the fact that it would, therefore, appear that the functions of this Council may be to a certain extent in conflict with those of the S.A. Nursing Association these two bodies work in close co-operation and harmony. The reason for this happy state of affairs is that it is realized by both that in order to give the public a satisfactory nursing service it is necessary to ensure that nurses carry out their work under the best possible conditions and conform with the highest ethical standards.

The Nursing Council is enabled to safeguard the interests of the public by virtue of the fact that it is in control of the training, examination, and registration of nurses. The Council also has legal power to impose certain penalties upon any registered nurse who, after due enquiry, is found guilty of any unprofessional conduct.

The Nursing Council approves of hospitals as training schools and regularly inspects such hospitals in order to ensure that a proper standard of training is being maintained. The Council is the sole body charged with the conduct of all examinations for nurses in the Union.

Admission to the Council's registers can be obtained in one of two ways. Firstly, by completing the prescribed course of training and passing the examinations conducted by the Council. Secondly, a person who has obtained her nursing qualifications overseas may be registered in the Union of South Africa after she has satisfied the Council that the standard of training and examination for such qualifications are at least equal to that prescribed in the Union.

It may be of interest to mention at this stage that, in common with the practice in most other countries, the Nursing Council registers three classes of nurses—medical and

surgical nurses, which are usually known as general nurses elsewhere, male nurses, and mental nurses. In addition thereto the Council is also in control of the training and registration of midwives and wherever I use the expression nurse it must be understood that it includes the aforementioned three classes of nurses as well as midwives.

It would be well for us to clear our minds regarding what is involved by the expression registered or registration as applied to nurses. As far as I am aware throughout the civilized countries of the world only persons duly registered as medical practitioners may carry on the practice of medicine. In very few countries is the practice of nursing limited to registered nurses. What are the advantages and disadvantages, therefore, of being a registered nurse when a non-registered person can also practice nursing with impunity?

The advantages accruing to registered nurses in the Union of South Africa are briefly the following:

(a) The expression "registered nurse" is protected by law and no one but duly registered nurses may use it.

(b) Experience has convinced the public that the services of a registered nurse are preferable to those of a non-registered one. A non-registered person accordingly sometimes finds it difficult to make a living.

(c) All government hospitals in the Union, including approximately 90 per cent of the total available hospital facilities, will only employ registered nurses on their staffs.

The disadvantage of being registered, if it could be called a disadvantage, is that registered nurses have to conform with a strict ethical code whereas the actions of non-registered nurses are subject only to the civil and criminal laws of the country.

With a view to enabling the public to recognize a registered nurse as such, the S.A. Nursing Council recently introduced, under the provisions of the Nursing Act, certain distinguishing devices which may only be worn by persons duly registered with that body. Severe penalties are prescribed for the unauthorized wearing of these devices or any imitation of them by non-registered persons. The distinguishing devices take the form of colored epaulettes to which are attached the badges of the Council in silver. Every registered nurse is compelled by law to wear these epaulettes whenever she is in uniform and on duty. It is remarkable how rapidly the public has come to associate these epaulettes with fully trained nurses. Various colored epaulettes are used to indicate whether the wearer is a general nurse, male nurse, mental nurse, or midwife.

Before endeavoring to describe to you how the problem of the non-registered nurse has been approached in the Union of South Africa, I wish to divert for a few moments and tell you something about the non-European or Bantu nurse in our country. So far as the Nursing Act is concerned, no discrimination whatsoever is made along the lines of color or race. European and non-European nurses are dealt with as one group. Non-European nurses receive their training under exactly the same conditions as are prescribed for Europeans. They write the same examination and are admitted to the same registers. At present the European nurses outnumber the non-European nurses in the proportion of something like 4 to 1. The population of the Union is comprised of approximately nine million non-Europeans and two and a half million Europeans, and these figures indicate that in the near future larger numbers of non-European nurses will have to be trained if the Union of South Africa is to acquire an adequate nursing service. The authorities are aware of this urgent need for more non-European nurses to be trained and active steps are being taken to remedy the defect.

Hitherto a relatively large number of non-European nurses have been trained in mission hospitals situated in the native reserves. While the training given by these mission hospitals is suitable for the type of trainee who makes application and adequate in the light of the type of practice that these nurses will be called upon to undertake, it is not up to the standard prescribed for state registration. It may not be generally realized that in South Africa we find the extremes of highly modernized communities on the one hand and primitive pastoral groups of people virtually isolated from the rest of the country on the other hand. We are thus faced with the problem of laying down a standard of registration for nurses who would meet the needs of modern specialized hospitals and also the needs of communities with little or no medical or hospital services at their disposal.

Another difficulty which arises with the training of non-European nurses is the fact that the majority of them come from native areas where they live under conditions entirely different to those pertaining to the average European home. It has often been found necessary to teach the non-European student nurse something about housekeeping

and the European ways of living before she is in a position to assimilate the contents of the course of nursing training.

As I have already indicated, in our country we are firmly convinced that the nursing services can never be regarded as satisfactory until such time as the practice of nursing is limited to registered persons with the attendant control over the exercise of their profession. The question now arises as to the manner in which we are to strive in order to attain this ideal. In South Africa a step in this direction will have been taken when, in the near future, regulations are brought into force in terms whereby the Nursing Council will control the activities of Nursing Agencies. The term "Nursing Agencies" refers to the system whereby a nurse or lay person employs a group of nurses, registered or non-registered, on a commission basis. The public use the Nursing Agencies as a channel through which they obtain the services of nurses for attendance upon patients at their homes. The majority of non-registered nurses are in the employ of these agencies because, as I have already explained, they are not as a rule eligible for appointment to the staffs of hospitals. With the control of Nursing Agencies being vested in the Nursing Council this Council now has an indirect power of veto over the majority of non-registered nurses. If, for example, it is found that a non-registered person belonging to a nursing agency acts in a manner detrimental to the interests of the public, the Nursing Council may withdraw the right of the nursing agency to carry on its business and thus discontinue the undesirable practice on the part of the non-registered nurse.

This indirect control of the activities of non-registered nurses through Nursing Agencies is, nevertheless, a partial solution to the problem. Last year the possibility of training a subordinate class of nurse, to be known as "nurse aides" or "nursing assistants," was considered as a solution to the problem of overcoming the shortage of registered nurses. This scheme was abandoned, however, when it was found that insufficient training facilities existed in the country to meet the demands of suitably qualified persons for the full course of training.

The question of whether all persons practising nursing, both qualified and semi- or unqualified, should be registered is continuously being presented in the Union. The proposal is that the existing register, to which only fully qualified persons are admitted, should be continued and that special registers to include all those who are insufficiently trained, and are at present practising nursing, should be established. One section of the nursing profession maintained that this will be a retrograde step as they are of the opinion that it will eventually result in the standard of training of nurses being lowered to that required of the inferior group. On the other hand, it is admitted in some quarters that the registration of persons who practise nursing will make it possible for their activities to be regulated. The services of the semi-qualified nurse could thus be directed into channels for which they are best suited.

During the war women were called upon to a great extent to fill posts which normally were occupied by men, and resulted in a shortage of nurses. The reverse of this process is now taking place. As economic conditions revert to normal men are replacing women rapidly in these posts which they temporarily filled. In South Africa considerable improvements in the conditions of service and salaries for nurses have recently been effected. These factors have resulted in a vast increase in the number of recruits presenting themselves for training as nurses. Already in some provinces in the Union the number of student nurses has doubled itself over the past two years. In South Africa we may, therefore, find ourselves with a sufficient number of registered nurses to meet the needs of the community within the next five or ten years. The moment we can convince our government that a sufficient number of registered nurses is available I am confident that legislation will be passed limiting the practice of nursing to duly registered and qualified nurses. In the meantime we are aware of their shortcomings but we must be appreciative of the valuable services non-registered nurses are rendering to the community. I, nevertheless, am firmly convinced that unless the practice of nursing by non-registered nurses is regarded as purely a temporary state of affairs arising out of the present emergency every effort must be made to achieve one of two things—either they must be registered as a subordinate or inferior class of nurse or steps must be taken to ensure that an adequate number of fully qualified nurses are trained to enable the non-registered nurse to be eliminated from the practice of nursing.

A Solution Must Be Found

HARVEY AGNEW, M.D.

TO WHAT EXTENT is the gravity of the situation with respect to the provision of nursing care and other service realized by hospital leaders, governments, and the public at large?

That it is a serious problem today is only too well recognized by every administrator, every director of nursing, every doctor, the nurses trying to keep services going, and by almost every patient. But most of us are still "carrying on" day by day, hoping that the situation will ultimately correct itself. We talk vaguely about the law of "supply and demand." A few years ago we said: "It's the war; wait till the war's over." Now, with the war long since over, conditions are as bad as ever; so we state with conviction that the next depression will shake everything back into a more workable society. But the next depression will probably leave us with such a jumble of half-baked labor, relief, and other laws, that confusion will be compounded, and there may well be less opportunity or incentive for sound leadership.

What we must realize is that we have with us now a situation which, if not solved, will become a MAJOR NATIONAL CALAMITY.

WORSE CONDITIONS AHEAD

The simple fact is that we are not heading towards any really permanent solution of nursing service, either within or without the hospital. We are patching up the old system, getting by, day by day, and hoping that someone else will hit upon a solution. Early in the war our national and military leaders warned us that conditions would become worse, much worse, before they would become better. In the long subsequent years we found their prophecy only too true.

It can be said, with equal assurance, that our nursing services in this country are going to become worse in the next few years and that improvement will only be in relation to the steps taken to meet the situation. The demand for qualified nurses is steadily increasing and will grow tremendously in the next few years. Hospitals, woefully understaffed today, must increase their facilities by many thousands of beds. Never before has there been such a need for expansion and never before have so many hospitals had plans ready for building when conditions and funds permit. But we must realize that if some magic wand were to bring into creation the added facilities needed, only a small proportion could be opened because of the impossibility of getting adequate personnel.

We have barely started upon our public health program. Hundreds of nurses will be needed by our municipalities and governments and, if a full-blown program of health insurance should eventuate, the numbers needed might well be numbered in thousands. Health insurance measures, too, will probably include visiting nurse service, absorbing another large portion of each year's output. Industrial hygiene is being developed at a rapid rate and a basic feature of this program is the industrial nurse. The number of nurses left to care for the sick in hospital is bound to dwindle and, for that matter, none of the fields will be able to obtain sufficient numbers.

A regrettable feature of this situation is that none of these large present or potential employers of graduate nurses — industry, public health, D.V.A., T.C.A., etc.— train nurses themselves. It is all left to a few civilian hospitals; moreover, the hospitals, having to maintain 24-hour, 7-day service, find it hard to compete against the abbreviated schedules offered by public health and industry. Were it not for this deflection of hospital graduates into fields, non-existent a few decades ago, there would be no shortage of nurses in hospitals today. Many people are of the opinion that nurses on graduation

should be required to serve six to twelve months at the prevailing salaries in some hospital before going elsewhere.

Of Concern to All

The time has come when we must face the situation squarely. Unless a far-reaching program, designed to correct these difficulties, is put into operation without delay, *our entire program of augmented health care will need to be abandoned.* Without trained people to provide nursing and other care, it will be quite impossible to carry out any national or provincial health program. Should an epidemic on a national scale occur the result would indeed, be calamitous. More active steps to forestall this situation must be taken *NOW.*

This makes the situation of direct and immediate concern to our public health authorities—municipal, provincial, and federal; to the medical profession; to industry; to compensation boards and all other health agencies and boards; to the life insurance field; and to the general public, whose own health and welfare are at stake. The main responsibility for finding a solution rests not so much with the nurses and the hospitals as with the governments and other consumers of nurse services. It is obvious that the situation is so serious that nothing short of a thorough study of the subject from every angle will suffice. Moreover, the solution, or solutions, must be based on the long range view; every effort must be made to anticipate the picture twenty-five years hence and to evolve an approach with that in mind.

The Joint Committee, representing the Canadian Nurses' Association, the Canadian Hospital Council, the Canadian Medical Association, the Department of Health and Welfare, and the Department of Veterans Affairs, has begun to realize the enormity of its undertaking. What began as a simple study of present needs and their remedy has become one which must become of first magnitude if it is to get to the bottom of the difficulty and find adequate solutions. It is going to require a good deal of outside assistance.

Comprehensive Study Needed

It is apparent that the study must encompass several major undertakings:

1. *There must be a comprehensive factual survey of present conditions.* How serious is the shortage of nurses and subsidiary workers? What are present salary and working conditions in hospitals? How do they compare with those of other groups? What is the state of student enrolment? What percentage of graduates stay in institutional work? (This phase of the study will require competent direction and much field assistance.)

2. *Is our system of providing nursing service in hospitals the most efficient and economical one?* Are we wasting the time of trained personnel? To what extent can employment of the subsidiary worker solve the difficulty? What controls are necessary? Has the time come when the traditional field of the graduate nurse should be reanalyzed and new allocations of duties set up as between the nurse, the physician, the interne, the ward assistant or practical nurse, the technician, the ward secretary, the nurse clinical assistant, and the dietary and other staffs?

3. *Are we wasting nurse-power in other fields?* Could some of the present duties of the public health nurses be assumed by others? Is the industrial nurse devoting all her time to strictly nursing care duties? What about T.C.A. stewardesses? How many are receptionists in doctors' offices, or are demonstrating food, clothing, and appliances, etc?

4. *What is the cost of operating a school for nurses?* Does the hospital gain or lose by operating a school?

5. *Should our system of nurse education be revised?* Is the time-honored system still the best or should it be revamped to conform to present-day educational principles and methods adopted in the other fields of education? Should the course be freed of non-nursing tasks? Could it be reduced in length without deleterious

effect? To what extent could instruction be improved by centralization? Should school and hospital finances be separated (as in the proposed four-year experiment)? What effect would these changes have upon the financing of hospital operation? Is it advisable to operate a school for nurses and a school for nurse assistants, or practical nurses, in the same institution? Is there merit in the suggestion of a two-year course in nursing for general duty and a longer course for administrative or special work?

6. *What are the trends for the future?* To what extent will the growth of health insurance increase the demand for nurses? What will be the position of hospitals in the health scheme of the future? How will they be financed? What must be our annual output of nurses and trained subsidiary workers twenty-five years hence? Will it be necessary for hospitals to revise, perhaps downwards, their conception of standards in nursing care? If hospitals must conform to the spreading pattern of labor today to do less and less for more and more, how will the greatly-increased cost of hospital care be passed on to the public?

Study Must be Authoritative

Unless the study to be made answers these and many other questions it will fall short of its objective and a lasting solution will not be found. Moreover, the study must be sufficiently authoritative that it will command the attention and acceptance, no matter how much it hurts, of the hospitals, the nursing and medical professions, the governments, and the general public.

If the hospitals have been remiss the sooner they realize their shortcomings the better; if a radically new approach to nurse education is needed, present studies in that direction should be intensified; if nursing service duties should be reallocated, the professions concerned should establish new boundaries; if added public assistance through government channels is essential for nurse education or hospital operation recommendations to that effect from such a study would bear much weight with governments.

A study of this scope will require some financing, for there would be needed a carefully-chosen director of study, a statistician, a staff, probably consultants in those fields in which the director is not an authority. Much of the work could be done on a provincial basis, but the initial planning, the co-ordinating, and the summing up would need to be done by a national group. This is a project which needs further attention without delay by our national hospital, nurse, and medical organizations, their provincial counterparts, the federal and the various provincial governments.

Aluminum Utensil Dangers False

A large-scale sales promotion campaign for steel cooking utensils is being carried on, which is based on creating among housewives a fear of the health hazards involved in the use of aluminum cooking equipment.

Although it is not the purpose of this note to take sides for or against either type of cooking ware, it seems important to point out that a review of the literature on the subject has failed to disclose any toxicity or danger involved in the use of aluminum utensils for cooking.

Torald Sollman, M.D., in his *Manual of Pharmacology*, points out:

"The harmlessness of aluminum compounds on oral administration, even when prolonged, (aside from local actions if concentrated solutions are swallowed, and the phosphate disturbance, if very large doses are given), is clearly established by both animal experiments and by clinical experience." . . . "This has been the conclusion of various government boards after prolonged and exhaustive experiments on men and animals . . ."

This view is supported by many others and confirmed by the obviously favourable experience of thousands of people in the use of aluminum.

—*California's Health*

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

Rapport du Congrès d'Atlantic City 1947

SOEUR ALLARD

L'HISTOIRE DU CONSEIL INTERNATIONAL DES INFIRMIERES

CET ORGANISME est une fédération des associations des gardes-malades enregistrées de tous les pays du monde. Son but est de travailler à améliorer le service des soins aux malades, de promouvoir l'avancement de la science médicale en ce qui regarde la santé publique et d'assurer les intérêts de la profession d'infirmière. Sa fondation remonte à l'année 1899. Les pionnières du mouvement furent entr'autres Mme Fenwick, d'Angleterre, décédée en mars dernier. Mademoiselle Dock des Etats-Unis, encore vivante, Mademoiselle Snively du Canada, Mademoiselle Neill de Nouvelle Zélande, Mme Norrie du Danemark, Mademoiselle Farquarson d'Australie. Toutes ces femmes qui tenaient une place importante dans leur association nationale, comprirent qu'elles étaient aussi citoyennes du monde entier. Elles réalisèrent qu'à côté de leurs devoirs professionnels existait la responsabilité de leur devoir social vis à vis l'humanité et que le moyen le plus efficace d'y travailler était de s'unir. En 1925, 19 pays adhéraient à ce mouvement. En 1947, il y avait des représentantes officielles de 35 pays, à part des quelques autres pays non encore adhérents. Voici ces pays: L'Angleterre, les Etats-Unis, Canada, Danemark, Finlande, les Pays Bas, les Indes, Nouvelle Zélande, Belgique, Chine, Norvège, l'Afrique du Sud, France, l'Irlande, la Pologne, le Brézil, les Philippines, Grèce, la Suède, Czéchoslavie, la Hongrie, l'Australie, la Roumanie, la Suisse, le Chili, la Palestine, l'Italie, le Mexique, l'Autriche, l'Espagne, le Venezuela, Yugoslavie, l'Ecosse. . En organisation, l'Egypte, Luxembourg, Siam, Syrie, Turquie.

LE CONGRES

La convention de 1947 ressemblait à toutes les conventions par l'horaire des séances, les présentations, les discours, les discussions et les résolutions. Cependant, Atlantic City est vraiment un endroit exceptionnel pour une réunion de ce genre. L'auditorium est immense, le plus grand du monde nous a-t-on dit, et les autres salles de réunion sont vastes, bien aérées et faciles d'accès. A part cette facilité de local, il y a la voix chantante de l'Océan et l'agréable panorama des horizons sans fins. Comme le faisait remarquer Son Honneur le Maire Altman à l'ouverture du Congrès, la mer est attirante, on vient ici la voir dans sa majesté, mais ajouta-t-il, les gens aussi sont intéressants, vous en trouverez la preuve en constatant que la presque totalité des bancs de la grande promenade sont tournés non vers la mer, mais vers la cité. On vient ici, ajouta-t-il, voir la mer, mais aussi les gens et les choses qui sont parfois aussi captivants.

Les séances du Congrès furent nombreuses et bien suivies. Les assemblées générales furent présidées par Mademoiselle Effie J. Taylor, la présidente active du Conseil international depuis 1937. Les sessions spéciales furent présidées par les dirigeants des différents pays. Seule la langue

anglaise fut parlée durant le Congrès, contrairement aux conventions antérieures alors que le français et une troisième langue étaient de rigueur. Pour cette raison, l'intérêt général semblait moins grand parmi l'assistance alors qu'un certain nombre d'infirmières de l'Amérique du Sud et de certains pays d'Europe, ne pouvait pas suivre les discours prononcés en anglais. Elles désiraient un interprète pour donner un résumé sommaire de ce qui se disait. Les interprètes officielles sont, nous a-t-on dit, toutes à l'emploi des grandes organisations mondiales, telles que ICAO, ONESCO, l'ONU, etc. Il fut impossible de se procurer leurs services, d'autant plus que jusqu'à la dernière minute on se demandait si vraiment le Congrès pouvait avoir lieu. Il a fallu surmonter plusieurs difficultés, d'ordre économique surtout, et il n'était pas facile de trouver des moyens de transports pour les infirmières de l'Europe et les autres pays éloignés et dévastés par la guerre. Les organisatrices durent cependant être fières du succès, car plus de 6,000 infirmières s'inscrivirent.

Le Programme

Les sujets discutés dans les assemblées générales étaient tous d'intérêt mondial et portèrent sur les problèmes sociaux particuliers aux temps présents. Par exemple, on parla de la famine des pays dévastés par la guerre. Le tiers de la population du monde est soumis à un jeûne forcé et soixante millions d'enfants et d'adolescents meurent de faim. Cette déclaration fut faite au Congrès par un norvégien, Monsieur Ording, consultant au Bureau des affaires économiques des nations unies. Il fit un appel vibrant en faveur du don d'une journée de salaire par tous les travailleurs, et d'un don plus substantiel de la classe plus fortunée pour aider à combattre la misère et la famine qui sont vraiment les deux grands obstacles à l'établissement de la paix.

Monsieur Snyder, directeur de la commission internationale de reconstruction, parla en faveur de l'éducation, comme d'une force puissante pouvant aider à rétablir la paix. Une bonne infirmière est aussi une bonne éducatrice. La santé et l'éducation doivent marcher la main dans la main. Il demanda aux infirmières de ne pas faire bande à part, de ne pas s'isoler mais de prendre une part active à l'effort que les peuples font en ce moment pour une compréhension plus intelligente des besoins et des ressources des différents pays.

Les séances particulières ou leurs sections étudièrent tour à tour les différents problèmes que l'on croirait parfois particuliers à notre pays, mais ces difficultés existent en réalité dans tous les pays du monde. On parla du manque de gardes-malades dans les hôpitaux. On fit remarquer que la spécialisation de l'infirmière comme travailleuse sociale dans l'usine, l'industrie et les autres services, avait constitué au début un progrès, mais que la spécialisation intense des dernières années devenait une menace. Si le tiers des infirmières se dirige dans des positions à l'extérieur des hôpitaux, c'est un bien, mais si les deux-tiers désertent l'hôpital c'est un mal et c'est ce dont nous souffrons actuellement. On conseilla d'améliorer les conditions de travail de l'infirmière dans les hôpitaux, meilleur salaire, heures moins longues, pension de retraite, etc.

On insista beaucoup sur la nécessité de ne pas déserter les hôpitaux spécialisés; les tuberculeux, les aliénés, les invalides ont droit à nos soins tout comme les malades des hôpitaux généraux.

De la pénurie d'infirmières est née la classe des auxiliaires, aides-malades, practical nurse, sous graduée, etc., de quelque nom qu'on l'appelle. Cette catégorie d'aides semble nécessaire voire indispensable. Mais l'avis unanime de tous les pays semble reconnaître la nécessité pour ces aides d'avoir un entraînement approprié, une formation spéciale, et un règlement pour les régir, une loi de contrôle pour le port de l'uniforme, les conditions de salaire et de travail.

Les différents pays présentèrent des rapports intéressants et variés. Par exemple, le Conseil du Nursing d'An-

gleterre terminait son rapport par un extrait du Rapport annuel du Collège Royal, à la fin de la guerre: "Les nations ont à envisager des problèmes presqu'insolubles. Mais les nations sont composées d'individus et si chacun remplit son devoir avec fidélité et courage, on reconstruira un monde meilleur, sur une base solide qui assurera sa survivance."

Aux Etats-Unis, il est à remarquer qu'il existe une association fédérale de gardes-malades et que chaque état possède sa loi particulière. Mais toutes ces organisations ont le même but. Outre la surveillance des écoles et des études, on accorde la licence aux candidates qui le méritent et on protège le public contre les incompétentes.

Le bureau de l'association nationale aux Etats-Unis a eu beaucoup de travail pour réaliser la classification du groupe des auxiliaires (cadets) entraînées pendant la guerre, pour évaluer les qualifications de celles qui désiraient continuer leur service aux malades après avoir quitté le service militaire. Un comité étudie présentement cette question des (practical nurses) qui amènera sans doute la législation d'une licence pour tous ceux qui soignent les malades à quelque titre que ce soit.

Au Danemark, les gardes-malades du service privé sont rémunérées à l'heure depuis octobre 1946. On prévoit le même barème de salaire pour celles qui font du service à domicile. Le conseil national des gardes-malades au Danemark a établi depuis 1942 un fonds de l'assurance chômage. Ce plan est obligatoire pour toutes les gardes-malades en service actif et oblige aussi les élèves en 3e année d'étude. Cette assurance chômage fonctionne indépendamment de l'Etat avec un bureau dans chaque localité. Une fois établie cette organisation reçut l'approbation civile et légale, et le gouvernement contribue maintenant sa part proportionnée au nombre des membres. L'association des gardes-malades du Danemark possède aussi son fonds de pension, son assurance maladie, de vieillesse et de retraite. Elle possède aussi sa maison d'infirmières, sa maison de convalescence, sa maison de repos et de vacance. Ces gardes ont été moins affectées par la guerre, aussi sont-elles prêtes à envisager la solution des différents problèmes qui se posent aujourd'hui.

Les gardes-malades de Finlande eurent beaucoup à souffrir de la guerre, 14 furent tuées en service, 12 moururent des suites de blessures, elles nous dirent cependant que le soin des malades, et l'amélioration de la santé publique ne furent pas négligés malgré les difficultés qu'il a fallu surmonter. Elles restèrent vaillantes en face de ces épreuves et sont aujourd'hui toutes prêtes à travailler à la reconstruction qui s'impose dans tous les domaines.

En Chine, on souffre beaucoup et on manque de tout surtout d'argent et de matériel. La lingerie de certains hôpitaux manque totalement. On doit reconstruire plusieurs hôpitaux détruits par les bombardements et travailler à réorganiser les écoles d'infirmières. La pénurie d'infirmières se fait sentir dans tous les domaines. Actuellement les infirmières chinoises restent vaillantes en dépit des difficultés, elles lancent une campagne de souscription en vue de reprendre le travail de leur association.

En France comme dans tous les autres pays du monde on manque de gardes-malades. Le Ministre de la Santé favorise l'ouverture et le développement des écoles. Malheureusement le manque de personnel enseignant empêche de réaliser de suite tous les progrès en vue.

En Afrique du Sud, dans les Philippines, en Czéchoslavie et ailleurs on se consacre à un travail intense de reconstruction, et de la formation de nouveaux sujets. Dans les Philippines par exemple on a 350 applications d'entrée dans les écoles alors qu'il qu'il n'y a de place que pour 28.

La Suède à l'exemple de la Norvège possède une organisation sociale avancée en fait d'assurance, fonds de pension, maison de repos, etc.

Malgré les difficultés de la guerre, il semble bien qu'on a essayé dans tous les pays à maintenir l'idéal élevé

de la profession et la qualité des soins aux malades. On cherche aussi activement à entretenir la coopération sur une base internationale.

La plupart des pays parlèrent des restrictions sur les habits, la nourriture, des rigueurs du froid, des logements insalubres, etc. Dans quelques-uns, depuis des années on n'a pas parlé d'autres problèmes que ceux de la nourriture et du chauffage, tant la misère y est grande.

On remercie les Etats-Unis et le Canada de l'aide efficace apporté pour aider à solutionner ces grands problèmes de ravitaillement, etc.

Voici quelques-uns des principaux points mis à l'étude au cours de ce congrès international. Il est évident que l'on ne peut pas rapporter en très peu de temps tout ce qui s'est passé dans une semaine.

Le prochain congrès aura probablement lieu en 1949, à Stockholm, en Suède. 1949 marquera le jubilé d'or de l'Organisation internationale.

Les officières élues furent une suédoise Mlle Hojer, présidente, les autres membres du conseil furent: une anglaise, une américaine, une canadienne et une infirmière de la Nouvelle Zélande.

Why Immunize?

Canada's fifth National Immunization Week will be observed this year during the week of October 5-11. Sponsored by the Health League of Canada in co-operation with the nation's health departments, the purpose of setting aside a special "week" is to focus the attention of workers and parents alike on their obligation to safeguard the children, so far as is possible in the present state of medical knowledge, from wholly unnecessary attacks of preventable communicable diseases.

Though there has been a sharp drop in the past decade in the incidence of certain of these diseases, notably diphtheria, whooping cough, smallpox, and scarlet fever, there are still enough cases occurring every year to make us, the nurses of Canada, pause and wonder if perchance *we* have failed somewhere. It is probable that some time in the course of every year, some nurse, either in her professional capacity or through friendly contacts, talks to the mothers of the greater part of the children in Canada. These formal or informal chats provide golden opportunities for the nurse to make inquiries and give information regarding the protection that has been or may be given the children. Yet, the very fact that in the first six months of 1946 there were 2,535 cases of diphtheria in Canada, from which 111 persons died, means that many parents were not informed or were not persuaded of the efficacy of diphtheria toxoid to prevent this disease. Similar statistics could be quoted for the other preventable diseases mentioned.

The problem is not peculiar to any one community or province. Having a special week to make every person more alert to the problem will not solve it. But, if every nurse —students and graduates, active or retired— made it her personal responsibility to focus the attention of all of the parents with whom she comes in contact on the possibility and feasibility of reducing incidence and possible death rates by immunization, there would be startling results.

This is not a weighty extra that might be likened to the proverbial straw. It is an easy adjunct which each of us can perform. Start during this National Immunization Week. Every child of your friends, acquaintances, and mere incidental contacts protected! What a record that would be! If your present information about immunization is scanty, write to the Health League of Canada, 111 Avenue Road, Toronto 5, for literature. Help to wipe out these killers!

Bone Banks

Add "bone banks" to the health plans of the future. The Orthopedic Hospital in New York has established a "bone bank," the forerunner of similar banks which may some day be established in all large cities.

Bone banks will have "deposits" of preserved pieces of human bone ready at all times for use by surgeons in repairing bone defects resulting from disease or injury. The pieces of bone are preserved by deep-freezing.

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

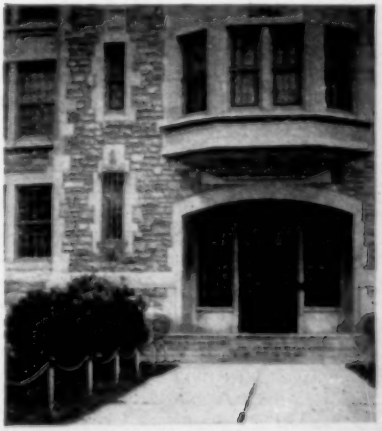
Group Study at the Veterans' Village

ISOBEL BLACK, B.Sc.

HOW FREQUENTLY resources to meet our needs can be found in commonplace situations close at hand! This was strikingly demonstrated for us at the University of Manitoba School of Nursing last winter as we sought opportunities for supervised student experience in leadership of lay study groups. We were also impressed at the way in which our own needs were met in the very process of giving a service required of us. In this situation our need for experience in group work for our public health nursing students coincided with the need for a health education program for the wives of veteran students.

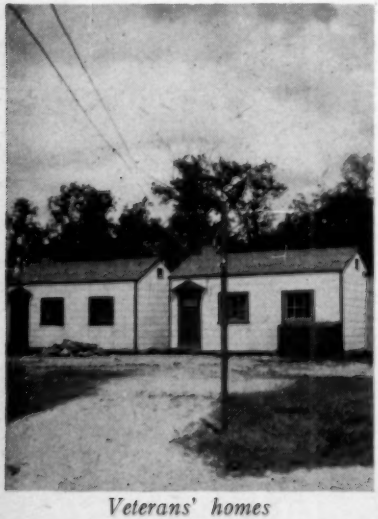
These young women live with their families in the seventy-two temporary huts provided on the university site for married veteran students. There are many small children in these homes, and quite a number of prenatals. The need for a health service for these families was recognized and was provided by the co-operative effort of several organizations. The Nursing Division of the Manitoba Department of Health and Public Welfare conducted child health conferences and immunization clinics. The Manitoba Red Cross Society organized a mothers' study group and asked the Public Health Nursing Division of the University School of Nursing to plan the content of study with the mothers and to lead the discussions. By the time this project was undertaken the students were well prepared for this activity, having completed a unit of study on group work in public health nursing and observed study groups in action. They had completed their course on maternal hygiene and were studying child development, so were equipped with content for the two areas of greatest relevancy to the mothers as determined by a questionnaire. As a result of the interest expressed by the mothers we planned two groups—one for prenatal clients and one to study the preschool child.

The public health nursing students met several times as a group to plan the project. As time was limited we decided on five meetings with each group as an introductory venture.



Entrance to Arts Bldg., University of Manitoba

The study of the preschool child followed the prenatal group meetings, so members from the latter could join in the child study if they desired to do so. The class worked out their objectives together and then planned suggested topics for discussion to be presented to each group at the first meeting. These suggestions were left in a flexible form to allow for changes in order to meet new interests expressed by the mothers. We planned a library service for the members of the group. For this we obtained books from the library of the Department of Health and Public Welfare and a few from our own shelves at the university. We loaned these to the mothers, using a simple card system in order to keep track of the books. In addition, we used selected issues of *Parents' Magazine* and *Hygeia* and, of course, free pamphlets from the Department of Health and Public Welfare. We obtained movies and film strips from the National Film Board and the Health Education Division of the Health Department. The students worked in groups of two or three in planning for each meeting. One of these led the discussion the night of the meeting and the other one or two observed. There was an average attendance of ten throughout the study.



Veterans' homes

Following is a statement of the objectives and a brief outline of the content of each of these groups as prepared by the students.

Prenatal Group

Objectives:

1. To develop a knowledge of some of the changes which take place during pregnancy and to encourage hygienic living for the pregnant woman and her whole family.
2. To assist the mother in promoting a positive attitude on the part of the whole family towards the new baby.
3. To develop skills in caring for the baby.

At each of these meetings we had a bathroom scale so the mothers could weigh themselves, keeping a record of their gain. We also had equipment for demonstration of the baby's bath, a layette, copies of the "Canadian Mother and Child" and the books and pamphlet material already referred to. At the first meeting the nurse demonstrated the baby's bath. After that a different mother tried it at each meeting.

First meeting: Presentation of proposed topics and suggestions from members. Demonstration of a baby's bath, dressing, lifting and carrying the baby, the baby's emotional response to the way he is handled. The baby's toilet tray. Patterns for the layette.

Second meeting: What a healthy baby is like at birth. The kind of home a baby has the right to enter. What the new baby means to the various members of the family and how all members are prepared to accept him. The part played by all members of the family in the baby's development.

General hygiene of pregnancy and how it can be included in general hygienic living for the whole family.

Third meeting: Physical and emotional considerations in feeding the baby. Breast feeding. Care of the breasts. General principles of formula preparation.

Film strip—"Nine to Get Ready."

Fourth meeting: The baby's day. Studying the baby's needs as a basis for determining a flexible routine. Significance of the baby's cry. Music and play during the first year.

Film—"Clocking a Champion."

Fifth meeting: How the baby is born. What to expect of the hospital. What to prepare to take to the hospital.

THE PRESCHOOL CHILD

Objectives:

1. To develop a knowledge of normal growth and development during the preschool years.

2. To prepare parents to meet and overcome some of the everyday problems of training for habits and attitudes.

3. To develop an appreciation of measures for prevention of disease and promotion of health.

4. To help the group acquire a knowledge of community resources and to develop the ability to work co-operatively to meet mutual needs.

First meeting: Presentation of proposed topics and discussion of suggestions from members. Overview—general development of the preschool child; the maturation process.

Second meeting: Training for desirable habits—eating, sleeping, elimination, independence, self-help, socialization.

Third meeting: Some problems parents encounter—thumb-sucking, enuresis, temper, problems related to truthfulness, honesty, and courtesy.

Film—"Your Children and You."

Fourth meeting: Play—its place in the child's life.

Demonstration of simple play material. (These materials were loaned by the director of the Home Management House of the Home Economics Department of the university.)

Fifth meeting: Preparing the child for school, physical examination, correction of defects, being sure he can participate in the group and is independent of his mother.

Both the students and the group members found this group study project helpful and interesting. The students felt much more confident in their ability to organize and give leadership to community groups. The mothers enjoyed it and are planning to go on with further study next year. We have received suggestions from fathers for a group for them. They showed definite signs of not wanting to be left out of this preparation for better family life. We, of the faculty, felt the project was of such value, educationally, that we wonder now if we could go further on this as a practice field, perhaps by giving a generalized public health nursing service to the group as a field work project carried throughout the year of study. The situation is ideal: young, interested, eager families right on our campus. This opportunity is of a temporary nature, but it has inspired us. Who knows what we may find to take its place if we but look with discernment "right around home"?

In Memoriam

Jean Isabel Bell, R.R.C., who served with distinction with the C.A.M.C. in World War I, died in Ottawa in her sixty-ninth year. Miss Bell enlisted in 1914 and saw active service in France. At Lemnos, in the Aegean Sea, she assisted in the establishment of a clearing station serving evacuees in the Dardanelles area. For the last two years of the war, she was posted to a hospital ship. Before enlisting, Miss Bell had nursed at Haileybury and Cobalt, Ont. On her return from overseas, she nursed at various hospitals in the United States. She was on the staff at Ste. Anne de Bellevue for a time. Miss Bell retired from active nursing in 1938.

Margaret Campbell McGilvray, a graduate of the Winnipeg General Hospital, died in Winnipeg on May 29, 1947. Miss McGilvray served overseas from 1914 to 1919 during the first World War. On her return to Canada she was appointed night supervisor at the Winnipeg General Hospital, which post she occupied until her retirement in 1938.

Rev. Sister François Jouin of St. Therese Hospital, Tisdale, Sask., died recently.

Katherine S. Sharp, formerly of Napanee, Ont., died in Toronto on May 26, 1947, in her 91st year. As a young woman Miss Sharp trained at the Boston General Hospital. She engaged in private duty nursing in the United States for some years before returning to Canada to take up residence.

Hannah Gertrude Turner, aged sixty-nine years, died suddenly at Haney, B.C. Miss Turner had nursed at Nakusp and Alert Bay. She retired four years ago.

Helen Mary Walsh, who had practised her profession in Fredericton, N.B., for many years, died there recently.

INSTITUTIONAL NURSING

Contributed by the Committee on Institutional Nursing of the Canadian Nurses' Association

Leisure Years—Pleasure Years

K. Ethel Gray, R.N.

Look! A rainbow! Those glorious colorings arched in the sky bring joy and inspiration but, in addition, renew one's faith, hope and courage. The pot of gold at the end of the rainbow may be a dream but could be a reality of social security in relation to our income for the later years of our life. Superannuation, annuity, pension or income endowment are terms used to describe the monthly cheque when working days are over. The rainbow symbolizes our journey through life with the rise to the tip of the arch representing our increased productivity and the decline, our lessening vitality for remunerative work. The annual vacation is planned with pleasure and anticipation. It is only in recent years that more people are planning for that longer vacation through annuity or superannuation.

Nurses have been asking: Why not pension plans through our association? Membership in an association does not constitute employer-employee relationship which is essential for a contributory superannuation program. Therefore, the C.N.A. has been unjustly criticized. Excellent annuity contracts are available through the life assurance companies. Through fear or lack of knowledge, or possibly low salaries, too many nurses in the past have hesitated to utilize these golden opportunities. However, some nurses have had a planned program and are now enjoying security for life through the monthly cheque from the life assurance company. Now, other opportunities are unfolding.

But first, why work? Food, clothing, and shelter are basic necessities. All work and no play brings a price, therefore provision must be made for recreation and cultural pursuits in order to keep medical and hospital costs at a low level. And, thirdly, before we have indulged in too many luxuries, we need to save and employ a portion of our earnings for our older self. The employment of our money will guarantee a life income or whatever term you choose to use. Part of our salary at work today will provide for our tomorrow—the pot of gold at the end of the rainbow will be a reality.

In British Columbia, as elsewhere, nurses are engaged in many fields of activity. There has been an awareness of the need for future income, possibly accelerated by the publicity given to old age pensioners. At seventy, a nurse may apply for this pension of $35 per month. A means test is required before pension is granted. Afer receiving this grant, periodic investigation is required by the government. Overseas nurse veterans are eligible for the War Veterans Allowance which is similar to an old age pension but at an earlier age, providing she meets the means test. The small disability pension is deducted from the $30.41 maximum allowance. The recipient receives a cheque for each amount.

Nurses in Department of Veterans

Affairs hospitals who are on the permanent civil service list are eligible for superannuation. The basis for this retirement cheque is the number of years employed, divided by fifty, multiplied by the average salary for the last ten years. For nurses employed as temporary Dominion civil servants, there is a retirement allowance deduction, refundable with interest upon separation from service.

The Victorian Order of Nurses for Canada has a superannuation program which came into effect October 1, 1945. Much credit is due John Wilson McConnell as president of the national V.O.N. Board. Through his efforts, the Princess Alice Million Dollar Fund was collected and established as a nucleus through the Dominion Government annuity branch. This fund contributes 3 per cent, the local board of the Victorian Order of Nurses contributes 3 per cent, and the employee 4 per cent towards the retirement annuity at the age of sixty. Optional types of annuity at maturity are available. One year's service is required of the nurse before this contract is in force. If the nurse leaves the Order, her credits are held until she is sixty. She may continue her contribution but there is no further deposit from her former employer.

In 1938, nurses employed in the Tuberculosis Division of the Provincial Department of Health in British Columbia began a superannuation program. In 1945, the Provincial Civil Service Superannuation Act was passed, consolidating various groups. The public health nurses are classified as Civil Servants, Class "B", after six months' employment. An employer-employee contribution of dollar for dollar is the basis used, with compulsory retirement at sixty, or permissive retirement at fifty-five if there has been fifteen years of service. The employee may contribute up to 10 per cent more, voluntarily. If separated from service, the nurse receives a refund of the amount of credit, plus interest. If she returns to service within three years, her superannuation may be reinstated. Provision for disability pension of $30 minimum, after ten years contributory service, is included in the Act. The death benefit before superannuation is return of credit, plus 3 per cent interest.

Also in 1945, the Municipal Superannuation Act came into effect in British Columbia. Government-aided hospitals can participate. The Vancouver General Hospital and Royal Jubilee Hospital, Victoria, each have had a plan in operation since 1946. The employer contributes 7 per cent of salary and the employee, the nurse, about 4 per cent. The employee may increase her contribution. A minimum of $30 after twenty years' service is provided. One year of service is required before the individual may participate. The credit, plus interest, is refundable when the employee separates from the service. At Royal Jubilee Hospital, the nurses are reported as pleased with this plan of retirement. It is a minimum plan requiring individual assurance for a satisfactory income.

Nurses are a migratory group. Younger nurses seem reluctant to take advantage of available plans for they want to go places and see things. Old age seems far off. Furthermore, marriage may solve many financial problems!

Six years ago, the writer introduced a salary savings plan at St. Joseph's Hospital, Victoria. This plan operates through the Sun Life Assurance Company of Canada. Each employee has the opportunity to authorize a monthly deduction from the total cheque. The hospital accountant totals the deductions and mails one cheque to the company. There is no employer responsibility except in so far as encouragement is given the employees to participate. Each employee has an individual contract. Income endowment assurance or annuities with or without protection provide a tailor-made contract. If the nurse leaves St. Joseph's, she may continue her premiums on a quarterly or annual basis. Those who have had the benefit of this service are satisfied. "I could not have started if we

had not this plan and I have not missed the amount I authorized."

The possession of a guaranteed annuity for life adds much to one's peace of mind and security. No investment worries and a monthly cheque is conducive to longevity as reflected in annuity experience. One annuitant, a clergyman, celebrated his 105th birthday last October. In his own handwriting he says, "You have comforted, supported and helped me during the last twenty-four years —some of them most trying and oppressive. . ."

And what of those nurses who have not the above opportunities? A comparison of federal versus private life assurance company annuities was published in the *Financial Post*. The flexibility of options with the private company is an advantage. The cash option in lieu of annuity at maturity is not permissible with Canadian Government annuities but if the annuitant were ill at the retiring age, the cash option is available with the private life assurance company. While loans are not encouraged, situations may arise requiring ready cash and a private policy will meet this need, but the government annuity has neither cash nor loan values. An income endowment assurance contract is an excellent investment if you can get it. This contract will increase your cash at retirement.

In January, 1947, the Registered Nurses' Association of British Columbia arranged a pension plan with the Canadian Government Annuity Branch for its employees, effective after one year of service. Participation is voluntary. There is a choice of retirement age. The employer contributes 5 per cent and the employee a minimum of 5 per cent which may be increased to 10 per cent. Before retirement, the death benefit is the refund of contribution, plus interest at 4 per cent.

From the foregoing analysis, one fact stands clearly—a portion or percentage of the salary of the younger nurse of today must provide the income for the time when she will be the older nurse of tomorrow. Some employers, especially governmental authorities, have a deduction from present salary for retirement as a condition of employment. Other employees have to make a voluntary decision. Nurses in private duty or other fields may secure an excellent annuity program through the Dominion Government or through the life assurance company of their choice. Whatever the plan which fits the individual need, she and she alone must decide her goal and how she is going to reach that goal. And what is the goal? The pot of gold at the end of the rainbow—a cheque every month for as long as she lives, with another cheque to meet, with ready cash, those last expenses. With such a planned program, freedom from want and freedom from fear are a reality.

Medical-Social Assistance to Nurse War Victims

The Secretariat of the League of Red Cross Societies has undertaken to provide medical assistance to nurse war victims since the beginning of the year 1945.

At that time, the Canadian Red Cross donated $10,000 (38647.35 Swiss Frs) along with the Brazilian, British, India, New Zealand, and Irish Red Cross. The International Council of Nurses also donated 15,268.20 Swiss Frs and the Trained Nurses' Association of India 1219.55 Swiss Frs. With some miscellaneous contributions, a total fund of 126,225.20 Swiss Frs was accrued.

To date, thirty-nine nurses belonging to eight different nationalities have gone to Switzerland for periods of cure and convalescence varying from a few days to a few months. Three Austrian nurses are still under medical care in Switzerland; one Italian nurse is pursuing her treatment at the expense of the Italian Red Cross. Two German nurses are expected shortly and the Czechoslovakian Red Cross has been invited to designate a candidate from their country to benefit from the scheme. Several Greek and Polish nurses are being treated in their own countries.

Notes from National Office

British Empire Nurses War Memorial Fund

The representative of the Canadian nurses, Miss M. Doris Anderson, was presented to Her Majesty, the Queen, at the garden party in connection with the British Empire Nurses War Memorial Fund which was held at St. James' Palace, London, on July 8.

Miss Anderson had been chosen, at the request of the Fund, by the Canadian Nurses' Association, and the Queen talked to her for several minutes about Canada and Canadian affairs.

Representatives of twenty countries of the British Commonwealth and Empire formed a semi-circle round the Queen as cheques were presented to Her Majesty on behalf of the Fund. The first of these cheques represented the total, £37,400, already subscribed to the Fund by the nurses of the British Commonwealth and Empire (including gifts from the Dominion of Canada, on whose behalf the Canadian Nurses' Association sent a donation of £25). The last cheque presented was one of £1,500, a first donation from the people of Bermuda.

The British Empire Nurses War Memorial Fund was founded in January, 1946, and launched through the pages of the *Nursing Mirror* which is paying all of the administrative expenses. In the eighteen months of its existence it has raised nearly £47,000. The purpose of the Fund is to provide a worthy war memorial to the nurses and midwives of the British Commonwealth and Empire.

This memorial is twofold: the first part is the furnishing of a chapel in Westminster Abbey, which is to cost £5,000. This portion was over-

Nursing Mirror Photo

subscribed within the first three months. For this purpose the Dean and Chapter have allocated the Upper Islip Chapel which, when it is dedicated as a nurses' chapel, will be brought back into use for the first time since the Reformation. It will house the Roll of Honor containing the names of those nurses who died during the war period of 1939-1945, including the names of Canadian nurses.

The second purpose of the Fund is to provide post-graduate travelling scholarships for nurses and midwives of all parts of the British Empire and Commonwealth, and it is hoped that a sum of not less than £200,000 will be raised for this purpose. To endow each scholarship in perpetuity will cost about £16,000, yielding an income of £350—£375 a year.

Two travelling scholarships have already been given to the Fund. These were presented to Her Majesty at the garden party. The first came from the Royal College of Physicians of England, and was presented by Lord Moran, president of the College, who is Chairman of Appeals for the Fund. The second is the gift of Viscountess Mountbatten of Burma, C.I., D.C.V.O., C.B.E., Vice-Reine of India, who is vice-president of the Fund. Both these scholarships are for seven years only, given under the seven-year covenant scheme.

It is hoped that many Canadian nurses will be among the future holders of war memorial scholarships. Details of qualification are naturally not yet decided upon, but scholarships are intended to be for nurses and midwives who are qualified according to the requirements of their own country, state, or territory.

With UNRRA in Germany

LYLE M. CREELMAN

REPATRIATION OF DPs

The general objective of the whole program of UNRRA in Germany was the repatriation of displaced persons and, although resettlement for those who were unwilling to be repatriated became necessary, an extensive and successful drive was made early in 1946 to send home as many DPs as were willing to go. Army trucks were provided to take them and their luggage to the trains. By train they proceeded to one of the two transit camps established — either Lubeck, whence they went by boat to Gydinia in Poland, or Hesslingen, thence by train through the Russian Zone of Germany into Poland.

From the assembly centre to the transit camp the nurse had an important part to play in the repatriation program. To begin with, she was responsible, under the supervision of the doctor, to see that all DPs were dusted with DDT powder; that they were free from communicable disease; and that no person obviously ill was included in the group. The nurse also had to be sure that the mothers had adequate supplies of food for infants and young children. Each train carried about twelve hundred DPs and one nurse and two nurse aides travelled to the transit camp with each train group. The nurse took with her a first-aid kit and an emergency maternity kit. Although no woman more than six months pregnant was permitted to be included in the departing group, it was sometimes found that if the husband was going the expectant mother managed to sneak into the repatriation train! At all rest stations and feeding halts the nurse and her assistants travelled the whole length of the train, checking especially on the condition of mothers and young babies. This service was greatly appreciated by the DPs, who

felt that there was someone who was taking a real interest in their welfare until they left the tragic soil of Germany. The Flying Squads, it may be mentioned, serviced the feeding halts, and also provided a small dispensary for the distribution of medical necessities. At the transit camp at Lubeck, or Hesslingen, there was a waiting period of from twenty-four hours to several days. Here a well organized nursing service was provided to care for them while in camp and to meet in advance the possible needs for the remainder of the journey. After the transit camps, UNRRA personnel relinquished the care of the DPs to their own countrymen and were permitted to accompany them no further.

Feeding the travellers

Many Nations

I cannot conclude without mentioning the nursing representatives of other organizations working in the British Zone. The British Red Cross Society, while working under the sponsorship of UNRRA, was responsible for the administration of a certain number of assembly centres and, as mentioned previously, controlled a number of hospitals for the care of DPs. The principal matron of the British Red Cross Society and all her staff were most capable and co-operative colleagues. One of the centres for the nurse aide course previously mentioned was located in the Red Cross hospital at Darup. There, the staff, in addition to providing facilities for instruction, took a very great personal interest in the DP girls, an important contribution both to their instruction and their rehabilitation. Attached to the Control Commission for Germany (British Element) were two principal nursing advisers, whose responsibility it was to help rebuild the Germany nursing services. As UNRRA nursing adviser, it was my privilege to establish a Nursing Advisory Committee, of which the principal nurses of these two organizations were members. From them much helpful advice was obtained in various aspects of the nursing programs and they kept us informed also of developments in their own services — there was, in fact, a mutual interchange of information that was most valuable.

Since I left Germany, the policy of turning over as much as possible of the work of the nursing service to the DP nurses and nurse-aide personnel has been continued, and the reduced staff of UNRRA nurses has acted more and more in supervisory and administrative capacities. In some small measure, we hope and believe, this has enabled many of the displaced persons to escape the sense of frustration which was so apparent among them, and to undertake something constructive not only to themselves, but something that permitted them to contribute quite obviously and satisfactorily to the welfare of their own groups. We hope, also, that what they have learned professionally will be of value to them when they return to their homeland or settle ultimately in some new country, and that, on the bases that have been established, they will continue to build further.

For the UNRRA nurses from the many countries represented, this unusual experience, which we trust need never be repeated in human history, has been, indeed, a most gratifying and interesting one. It was an opportunity to give service to people in dire need, and it was most satisfying to see the immediate results of one's personal work under circumstances of such urgency. In addition, the contact with nurses and other professional workers from the various countries, and the study of their

standards and methods was most stimulating—it was an opportunity, indeed, to examine and revise one's own methods. Further, as a Canadian, I am glad to be able to say — as I think it should be said — that there was great satisfaction in realizing that the professional standards in our own country are second to none in the world.

South African Nurses Visit Canada

Of special interest to Canadian nurses who served with the South African Military Nursing Service will be the news of the visit to Toronto of Miss C. Nothard, Matron-in-Chief of the S.A.M.N.S., during the war, and her assistant at that time, Miss G. Borchards.

After flying from Johannesburg to New York to be two of the official South African delegates to the I.C.N. Congress in Atlantic City, they proceeded to Toronto at the invitation of the "Canadian Springboks," those now resident in Ontario who served with the S.A.M.N.S. Plans for the two-day visit, which included a motor trip to Niagara Falls, were ably arranged by Miss Helen Frost, president of the group, Mrs. Helen Holm, secretary, and Miss Mary Ball.

The highlight of the stay was the informal banquet, held at the Royal York Hotel, when Miss Nothard told of the chair of Nursing to be established at Witwatersrand University in Johannesburg and its counterpart for *Afrikaans* students at Pretoria University. Both guests told some amusing incidents of the royal visit to the Union and gave interesting observations of the I.C.N. meeting. They expressed pleasure at being asked to meet the Ontario group and to see something of Canada.

Townson & Ibbotson, Toronto

The Celebration Dinner

Important Announcement!

The Educational Policy Committee of the C.N.A. has selected the Metropolitan Hospital, Windsor, Ontario, as the clinical centre for the new Demonstration School. Miss Nettie D. Fidler, the director of the School, is interested to receive applications from suitable prospective students for the first class which will be admitted early in 1948. Write to her in care of National Office, C.N.A., Ste. 401, 1411 Crescent St., Montreal 25.

Fuller details of this project will be published next month.

STUDENT NURSES PAGE

A Student Reports on the I.C.N. Congress

ZETA MUNRO

Student Nurse, Toronto Western Hospital School of Nursing

IT WAS a very great privilege for a student nurse to attend the Congress of the International Council of Nurses held in Atlantic City, N.J., May 11-16, 1947. This year marked the first occasion that students were allowed to attend, and it was indeed a most thrilling experience. I have been asked several times if we found it heavy and above our heads. Heavy? Most certainly not. While we were perhaps lacking in background and experience, yet I'm sure we made up for that with extra enthusiasm.

The I.C.N. was first organized in London, Eng., in July, 1899, by Mrs. Bedford Fenwick. Mrs. Fenwick died March 13, 1947, at the age of ninety-two. She will always be remembered for her outstanding work in the advancement of nursing. Owing to the war, the last session of the I.C.N. was in London in 1937, and now plans are underway to hold the next congress in Sweden in 1949. That year will mark the fiftieth anniversary of the I.C.N., which is the oldest international organization of professional workers in the world.

There were forty countries represented with an opening attendance of over six thousand. Students were present from Brazil, England, Norway, U.S.A., and Canada. The Americans had representatives from twenty-eight states, but Canadian schools were poorly represented. When we checked the register we found there were two students from Winnipeg, and one from each of the following Ontario schools: Sarnia General; Victoria, London, Ont.; Ontario Hospital, New Toronto; and Toronto Western Hospital.

The meetings were all held in the Convention Hall, which is the largest of its kind in the world, and it is truly a magnificent building. The main auditorium seats over sixty-five thousand people, and the acoustics are flawless.

Each day was divided into morning, afternoon, and evening sessions. In the morning and afternoon, two sessions went on simultaneously. These followed the same pattern. A paper was presented by some outstanding person and the next hour was devoted to an open discussion period. In the recess periods, everyone visited the extensive exhibit booths set up in the entrance of Convention Hall. All the well-known drug companies, publishing houses, etc., were represented. They had marvellous literature on the latest drugs and research work, and were most generous with samples and literature.

Beyond this part was the General Assembly Hall with its huge platform. In the centre was a beautiful, colored portrait of Florence Nightingale flanked on either side with flags of the countries represented. The front was a mass of flowers, and at one side was the pipe organ which was a masterpiece in itself. When we entered the first morning they were playing "Oh, what a beautiful morn-

ing." That, combined with a previous walk along the boardwalk in the sun and glorious ocean air, certainly made an unforgettable setting.

Miss Effie Taylor, the president, presided and the platform was filled with guest speakers for the opening session. After a prayer for deceased nurses, Miss Taylor read a letter from the President of the U.S.A. This was followed by brief but dynamic addresses by leading surgeons of the States. Dr. Brock Chisholm, executive secretary of World Health Organization, was very good.

"A nurse can put a patient back on his feet the way no doctor can. She represents to the patient a heart, and not a science. She represents peace and protection."

Mrs. Mary Norton, Congresswoman for New Jersey, was outstanding. She stressed the necessity of developing the art and habit of thinking. She begged nurses to take an active part in international affairs and to get way from just being nurses. "Develop above all," she concluded, "Faith in God, the world and yourselves. With that done, you can accomplish anything."

Résumé of Outstanding Papers

M. Bihet, of Belgium, presented a paper on "Professional Education." She stressed the point that the moral factor is one of the most important in a nurse's education.

"A nurse must possess besides her profession, a well formed character, a straight conscience, and a strong sense of responsibility. Criticism made against the younger generation is lack of responsibility. The cause of this can be traced to a great extent to the present system of teaching. While the whole organization has reached a high standard of teaching and demonstration, yet we have cut and interrupted the practical experience a student must have to become an efficient nurse."

Miss Mary Mathewson, director of nurses at Montreal General Hospital, pleaded with nurses to devise a means of improving basic and graduate programs, since "present methods do not produce desired results." She warned that we ourselves know best what can and must be done to improve our programs, and that we should decide before it was done for us. She pointed out that the pendulum had swung from mass unemployment to incredible shortage. She urged continuing education for those already in the administrative field, and to broaden courses for beginners. "If we believe that the true purpose of education is to develop human beings who have learned to see, hear, feel, think, and use their native ability, then most of us will agree that our present methods do not produce the desired results."

Miss Ethel Johns stated in her address that international nursing implies that nurses go to other countries to seek further knowledge, and in return that country sends her nurses back. Read Miss John's remarks regarding the age in which we are living which is printed in full in this issue.

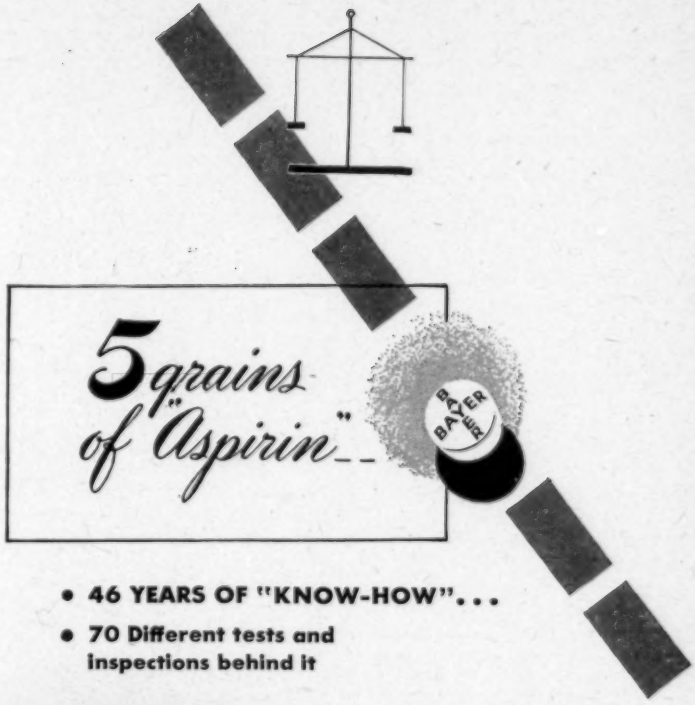
The following paragraph taken from a paper on "Fundamentals of Ethics" should be of interest to every student:

"Remember that the student is more than a nurse; a human being who has the normal destiny of all other human creatures. Before she is a technician, the nurse is a woman. Her professional life must integrate in both these two general ends. If not so, her personality shall be disturbed, and normal fullness of her life impeded."

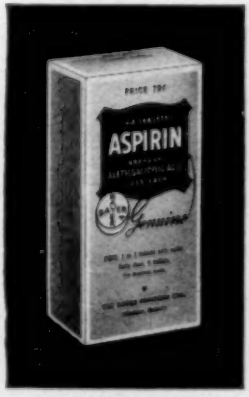
Student Activities

A general meeting was held at the beginning of the week in order to become acquainted. It was quite informal and we merely discussed rules and regulations of different schools, and also the necessity of a wider social life. There were three male students present from Chicago. We accepted an invitation to a buffet luncheon given by the Atlantic City student nurses, which again afforded us the opportunity of meeting by ourselves. There were approximately 180 students at these meetings.

Several American students were



- **46 YEARS OF "KNOW-HOW"...**
- **70 Different tests and inspections behind it**



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THE ANALGESIC FOR HOME USE

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anxious to learn how our students raised funds to send a representative, and were quite interested to hear of our plans at Western. Early in April a program was commenced. This included a short play, with various musical numbers. When the program was finally presented, we found that we had raised sufficient money to finance the trip. Might I add here that it is an excellent method for any school to adopt, and it creates a wonderful school spirit.

Social Events

In keeping with tradition, the American Nurses' Association played the role of ideal hostesses for their many guests. Every evening was exceptionally well planned.

A formal reception at the Ambassador Hotel started the busy round of events. It was fascinating to see the native dresses of the representatives from such countries as China, Switzerland, and the Philippines. I was particularly impressed by two Philippine nurses who wore stiff organdy dresses in yellow and pink. Dashing around from one group to another, they reminded me of butterflies. It was a great honor at this reception to meet, among others, Miss Schwarzenberg and Miss Höjer the new president. Other evenings were devoted to musical entertainment, when we were privileged to hear the Philadelphia Festival Orchestra, the Lincoln Male Choir, and the Westminster Choir.

One of the highlights of the evening entertainment was the Florence Nightingale Oration and the presentation of Citations. Those honored were Miss Annie Goodrich, one-time president, now honorary president, and Miss Lavinia Dock who was the first secretary of the I.C.N. It was the same Miss Dock who, with Miss Adelaide Nutting, wrote the famous book on the history of nursing. When Miss Taylor introduced Miss Dock, she described her as being a musician, painter, and crusader for woman suffrage and social hygiene. Miss Dock, of very slight stature, and attired in a long black dress with ruffled white neck-piece and little frilly cap, was most witty and kept her huge audience well entertained. When Miss Taylor spoke of her as a musician, she put up her hand in a gesture of dismay, and said, "That was my sister." Then in a loud, high-pitched voice which certainly belied her ninety years, she told us how nursing had advanced through the years.

The I.C.N. closed with a brief morning session on May 16. The program was composed chiefly of votes of thanks from visiting countries, and the president's address.

The entire convention was a thrilling experience, and a challenge to every nurse there. Especially was this so for students. We are facing the future now just as Miss Dock did many years ago. Will we be able to look back when we reach her grand old age with as much pride as she, for what we have contributed to the nursing profession? I hope so.

And now may I pass on to fellow students across Canada this inspiring thought which was left with us in the closing address—

Faith is a bird which sees the light,
And sings when the dawn is dark.

Sinus Infections

The ideal treatment in the early stages for an attack of acute nasal or sinus infection, includes rest in bed in a warm moist room, the alleviation of symptoms by the use of a drug to relieve pain, and decongestants instilled or packed into the nostrils to enlarge the breathing space and to promote drainage.

Vasoconstrictor drugs have a limited use in these infections. In many cases they may be actually harmful. If used to provide temporary relief in cases of extreme nasal blockage, their prolonged use should be discouraged. They are seldom, if ever, indicated in chronic infections. —*Digest of Treatment*

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Women Volunteer to Aid Hospitals

KATHLEEN COURLANDER

A splendid response is being made by London housewives to an appeal by Sir Wilson Jameson, chief medical officer of Britain's Ministry of Health, for those who have been trained as nurses and midwives to come forward and give part-time services in local hospitals during the next few months. Sir Wilson's appeal was issued during a week-end and certain hospitals opened recruiting bureaux on the Sunday of that period. Despite the bad weather and difficult conditions prevalent in Britain at the time, there was a steady stream of women who wanted to help. Within six days there had been over six hundred volunteers and the roll increases daily. In addition to trained nurses and midwives, other housewives came forward and undertook to do ward orderly work in the hospitals — that is, they volunteered for domestic duties which at present, owing to staff shortage, have to be undertaken by trained nurses. These women, although not trained nurses, have had some experience in nursing and a certain amount of tuition which was acquired during World War II in the British Red Cross or as members of the Women's Voluntary Services. The Ministry of Health officials are pleased with the results of the appeal which will do much to assist the national welfare during the coming months.

The reasons for this appeal are due to a steady mounting of Britain's birth-rate and a shortage of nurses to care for mothers and babies.

BIRTH-RATE RISING

During the last year, Britain's birth-rate has been steadily increasing. In the first quarter of 1946 the number of babies born in England and Wales was 186,623 and every successive quarter last year this number rose steadily. It is estimated that from January 1 to the end of March, 1947, the number of births will be 228,000, about 6,000 more than in the previous quarter. Of these babies, 42,000 infants are likely to make their appearance in Greater London, which means that there will be about one thousand more new citizens of the metropolis than in the last quarter of 1946.

Britain's Ministry of Health for some time has urged young women to adopt nursing as a career but, although many thousands have responded, there are not enough nurses

in the hospitals to care adequately for all these mothers and babies. Therefore, Sir Wilson Jameson, is appealing to the housewives in Greater London to go and help in the hospitals by a system of part-time work. If a sufficient number of women undertake duties on four-hour shifts, 7,394 beds, which at present must remain empty owing to the shortage of nurses, will be filled.

RELIEVING TRAINED NURSES

Those who before marriage were trained as nurses or midwives are particularly asked to help, but other women are required, who, though not skilled nurses, are able to act as hospital orderlies and relieve trained nurses of the domestic work they now have to undertake.

"This sharp rise in the birth-rate has thrown a tremendous strain on the maternity services in the capital," said Sir Wilson. "It may be that we are now at the peak of the postwar services. The need for midwives is even more acute than the need for more nurses. I am concerned with a new, immediate possibility — that of helping London's hospitals and maternity institutions over this difficult period of getting back, for part-time work, some of the thousands of nurses who have retired into private life on marriage, or because they have reached an age when they no longer feel up to a full-time job."

Sir Wilson explained that this scheme had been tried out in the county of Gloucestershire and now there was even a waiting-list of nurses ready to help in the local hospitals and institutions for old people.

"During the next few months," added Sir Wilson, "the hospitals in Greater London want all the part-time help they can get. There is a serious shortage in the municipal hospitals, in the smaller hospitals, and the hospitals for old people. We want trained women of all ages to come back to midwifery and all branches of nursing, including mental nursing. Of course, it is useless to expect the part-timer, who has private and domestic ties, to fit into the normal hospital routine, unless it is adapted. The part-timer needs special consideration and assistance on hours, meals, and transport, and the hospitals are willing to fit in with these needs so far as they possibly can. They are paying special attention to the provision of meals and to the provision and laundering of uniforms. If a woman can give only one shift of, say, four hours a week, and provided she can do it regularly, then we want her to volunteer.

"I believe there are large numbers of retired nurses and midwives in the Greater London area who will come back to the hospitals in their present plight . . . the hospitals of London are managing to care for their patients only because their nursing staffs are working longer and harder than they ought to work.

"In the maternity institutions, part-time midwives can, by giving help for a few shifts a week, ensure that the full-time midwives have more time for training mothers in the care of their babies.

"No nurse or midwife need be afraid to volunteer because she has not been in practice for a long time and feels a bit 'rusty.' For instance, a midwife who has been retired for a long time would feel nervous of taking charge of confinements, but she will not be asked to do this until she is ready, and can be a maternity nurse."

Five London hospitals have opened special reception offices to welcome women volunteers. In addition, a Ministry of Labor Resettlement Advice Officer and other recruitment centres are available to give details of the scheme. The new part-time workers are enjoying improved rates of pay recommended by the Rushcliffe Committee, under which, for example, a midwifery sister, who recently had 2s. 3d. an hour, will now be paid 3s. an hour, and a staff midwife 2s. 1d. hourly instead of 1s. 9d. There are other corresponding increases.

The scheme is likely to extend to all parts of England and Wales in the near future.

Anti-Tuberculosis Survey

What is believed to be a world's record for cities was achieved by Swift Current, Sask., in a recent anti-tuberculosis survey, when 96.3 per cent of the population was examined by x-ray.

"People have responded enthusiastically, and while we have not yet received final figures on many of the municipalities, with few exceptions those which have been surveyed have gone well over the 90 per cent

mark in attendance. The city of Swift Current achieved what is believed to be a world record for cities in such a survey, with an attendance of 96.3 per cent. Several villages and hamlets have had 100 per cent attendance," the report said.

"The results of this survey are an indication of how co-operation can become an effective instrument, with the services available in a health region working in conjunction with the Anti-Tuberculosis League facilities, strongly backed by public opinion within the region."

That Word Again

Even amid national crises, the *London Times* could not bear to leave the ramparts of the King's English unmanned. Last week the *Times* fired away at the word "personnel," "this alien collective" from across the Channel. It doubted that "a more degrading, a more ill-favored synonym for two or more members of the human race has . . . been coined."

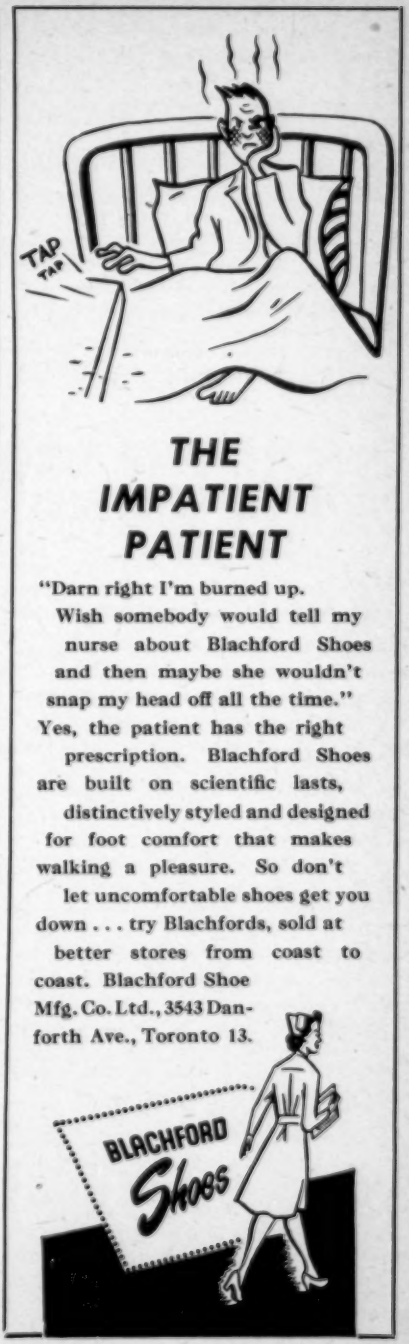
"People to whom it is applied," said the *Times*, "do not go, they proceed. They do not have, they are (or, more often are not) in possession of. They do not ask, they make application for . . . They cannot eat, they only consume; they perform ablutions; instead of homes they have places of residence in which, instead of living, they are domiciled. They are not cattle, they are not ciphers, they certainly are not human beings; they are personnel."

— *Times Magazine.*

Crude Liver Extract

The death rate from cirrhosis of the liver, which has always been high, can be reduced through treatment with crude liver extract, it has been discovered by four New York physicians who treated 30 patients. They reported a survival rate over a two-year period of approximately 77 per cent.

Previous investigators, who observed a comparable number of patients with symptoms of late stages of the disease, reported the survival rate over a similar period to be approximately 45 per cent when the patients were treated by diet and vitamins, 22 to 25 per cent among untreated patients, and 65 per cent for patients treated with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MONTREAL AND TORONTO

the more refined liver extract through injection into the veins. Incidentally, the crude liver extract was given in the same manner.

Cirrhosis of the liver is commonly found among heavy alcoholic drinkers, but it also may occur in total abstainers. In the group treated with crude liver, 21 patients were chronic drinkers.

When the liver becomes cirrhotic, its cells degenerate and are replaced by scar tissue. As a result, the blood vessels in the liver become constricted and the blood stagnates in them. Eventually cirrhosis causes the serum to ooze out of the swollen veins and to produce swelling of the abdomen. This condition, ascites, found in 21 patients before treatment was begun, necessitates draining off the liquid from the abdomen. Also, the veins in the esophagus may become dilated and hemorrhage where this food-carrying canal enters the stomach. Seven patients in the group had esophageal hemorrhages.

The crude liver extract was injected into the veins of the patients two or three times a week for six months or longer. No strict supervision of diet was undertaken, but patients were not allowed to drink alcoholic beverages. They were instructed to select foods high in protein and rich in carbohydrate. No foods were prohibited if they were tolerated without distress.

In addition, if the patient exhibited a vitamin B deficiency, supplements of the vitamin B group were prescribed only long enough to overcome the deficiency.

— Health News Service

Paralysis In Polio

About 20-35 per cent of proven cases of infantile paralysis are of the abortive type in which there is no paralysis of muscles at any time. About 30-40 per cent of those cases which are paralyzed make a spontaneous recovery. On the whole, therefore, 50-75 per cent of the cases in any epidemic make a complete recovery without residual paralysis.

—Digest of Treatment

School Enrolment

As a result of the war and postwar boom in births, our country will have a record number of children at the school ages in the 1950's. The effect of the rise in the birth-rate is already noticeable in the lower grades of the schools and it will be felt with increasing force in the years to come. The maximum should be reached by 1953.

—M.L.I.C. Statistical Bulletin

Book Reviews

Textbook for Psychiatric Attendants, by Laura W. Fitzsimmons, R.N., B.S., M.A. 332 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1947. Price $3.50.

Reviewed by Ella G. Smith, Superintendent of Nurses, Ontario Hospital, Kingston.

The author has written the book in two divisions. The first division consists of a brief history of psychiatry which gradually wends its way to Twentieth Century progress. The various types of hospitals for the care of the mentally ill have been concisely described. The writer then accepts the opportunity to outline, first, the attitude of the attendant with relation to his work and, secondly, the relationship which he is able to develop between himself and his patient. Special problems associated with mental patients have been thoroughly discussed in simple terms and will be helpful to all psychiatric attendants. The special therapies have been so described as to make each attendant realize the importance of carrying out the treatments according to the physician's order.

The second division deals with treatments and nursing care. It is possible that criticism may be forthcoming in regard to the teaching of advanced nursing procedures. However, it is well to analyze the situation when circumstances may necessitate attendants giving complete nursing care.

In conclusion, the author has indicated her extensive knowledge of the care of the mentally ill. She has placed emphasis on the application of a psychiatric approach to all patients. The attendant's interest should be sufficiently aroused that he will be motivated to read the reference books.

This textbook for psychiatric attendants, together with the previous manual for training attendants, should be welcomed by all instructors who are instrumental in planning and teaching a course in psychiatric nursing.

Health Insurance in the United States, by N. Sinai, Dr.P.H., O. W. Anderson, and M. L. Dollar. 115 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1946. Price (in U.S.A.) $1.50.

Reviewed by Monica Frith, Consultant, Public Health Nursing, B.C. Department of Health and Welfare.

These gentle toiletries

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Klim concentrated diets are good for children suffering from anorexia. Klim is also valuable in other cases when large food intake is needed such as in typhoid and other febrile diseases, pneumonia, tuberculosis, and postoperative debility.

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First in preference the world over

The health insurance movement in the United States is presented in factual style by Dr. Sinai and his associates in this little monograph prepared in co-operation with the Committee on Medicine and the Changing Order of the New York Academy of Medicine.

In an accurate and unbiased manner, the growth of medical insurance is traced from the industrial revolution, which brought forth problems of adjustment, and created emphasis on "security" which the authors claim to be "indivisibly joined" with the practice of health insurance.

The movement is developed through its sporadic periods of activity during this century. The authors state that health insurance involves all health professions, embraces government, labor, industry, and the public, and emphasize that, although the principles of health insurance are accepted, the task of effectively applying it has only begun.

The attitudes and recommendations of the various professional groups who conducted studies on the subject are carefully set forth and explained. Enabling legislation and the characteristic features of the voluntary plans are outlined. The many problems which must be considered by voluntary plans before complete health coverage is possible are discussed in relation to security and health.

In conclusion, the authors point out that the day of broad recommendations is past and that the chief issue today involves the organization and administration of a national health scheme. Those interested in the subject will find this brief outline most helpful in consolidating their views on health insurance.

A New System of First Aid, by R. C. C. Clay. 188 pages. Published by Faber & Faber Ltd., 24 Russell Sq., London W.C. 1, Eng. 1946. Illustrated. Price 5s.

For many years those who have taught or have been taught first aid have used well-known manuals which have described, categorically, the steps that should be taken in caring for an injured person. Dr. Clay states in his introduction: ". . . almost without exception the patient is not in much pain unless somebody has moved him. The aim of First Aid should be to get that man to hospital without causing him pain. Pain means movement of injured parts, and so further harm to the patient."

"There are three main divisions in First

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Aid: Immediate Aid, First Aid proper, and Second Aid." The detailed instructions which are outlined for various forms of injury are based on this different concept. Much more emphasis is placed upon the importance of not altering the patient's position unless it is absolutely necessary. "Ten minutes is the maximum time to take over a seriously injured man." "A quickening pulse is the first warning of shock." Immediate aid to prevent shock and the complete immobilization of injured areas are stressed.

Those who have struggled to master the intricacies of applying the ordinary large arm sling will appreciate Dr. Clay's objections to it: "The ordinary large arm sling does not support an arm when the patient is lying down, because in that case the patient's neck is lower than the injured arm. In fact, the patient's neck is supported by the arm. Nor does the ordinary large arm sling prevent the arm from falling sideways. It does not prevent the arm swinging forward when the patient bends. It does not prevent jarring of the arm if someone knocks against the elbow. To sum up, it does not immobilize the arm above the elbow, which is the only way of effectively immobilizing the forearm or hand."

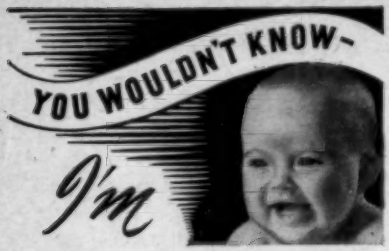
Procedures are considerably simplified in this little manual which should result in greater skill on the part of the first aider and less risk for the patient. Not so profusely illustrated as the manual to which we are accustomed, there are pictures of many of the different practices which are advocated.

Law and the Practice of Medicine, by Kenneth George Gray, M.D., B.Sc. (Med.), K.C., E.D. 68 pages. Published by The Ryerson Press, 299 Queen St. W., Toronto 2B. 1947. Price $1.50.

Few nurses have much knowledge of the relationships of medical practice to the laws of our land. While Dr. Gray's book has special application to the medical profession, the definition and explanation of the legal problems, which most frequently confront doctors and hospitals in Canada, include much that bears upon the nursing profession as well. For example, under Actions of Negligence, Dr. Gray states:

"The principles applicable to medical practitioners apply to members of the nursing profession, that is, a nurse who negligently injures a patient may be held liable in an action brought by the patient."

Does the law require that consent forms must be signed before an operation is performed? How is a nurse protected in the



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event that she is required to give evidence regarding matters which she regards as professional confidences? These and numerous other questions are answered concisely and directly in this brief summary of the legal tomes. It is a book which might well be included in every hospital or public health organization library.

Dr. Gray is lecturer in medical jurisprudence and forensic psychiatry at the University of Toronto and medical-legal adviser to the Department of Health and Hospitals of Ontario.

Alberta

The following are recent staff changes in the Division of Public Health Nursing, Alberta Department of Public Health:

Appointments: *F. Ferguson* (Royal Alexandra Hospital, Edmonton), ex-nursing sister, as registrar-consultant with the School for Nursing Aides, Calgary, operated by the Department of Public Health and Canadian Vocational Training; *D. Taylor* (Royal Alexandra Hospital, Edmonton) to Lindale for summer; *Alberta Lewis* (Calgary General Hospital and University of Alberta public health course) to Bow Island.

Transfers: *M. Weder* from Lindale to Smith.

Resignations: *Mrs. A. Cavil*, formerly at Lomond, from the staff; *Beth (Laycraft) Tachit* from the staff; *B. Taylor* from Maloy to be married; *Mrs. A. Glasgow* from Wainwright; *M. Dunbar* from Bow Island.

Canadian Red Cross

The following are recent staff changes in the Provincial Divisions of the Canadian Red Cross Society:

British Columbia: *Christine Campbell* (Royal Victoria Hospital, Montreal; R.C.A.M.C.) appointed to administrative staff as assistant supervisor of Outpost Hospital Department. *M. J. Aitkens* (Royal Jubilee Hospital) has resigned from McBride Outpost Hospital to continue her studies and *Gladys Keilty* (Royal Inland Hospital, Kamloops), who was on the staff, is nurse in charge. *Mrs. John (Whitlam) Peace* (St. Paul's Hospital), of Cecil Lake Outpost, Peace River Block, has resigned and is succeeded by *Christina Ford* (Queen Victoria Hospital, Revelstoke). *Bertha Jenkins* has resigned as matron of Kyuquot Outpost Hospital to take charge of King's Daughters Hospital, Duncan, and *Janet Card* (Clifton Springs, New York) will succeed her.

New Brunswick: *Annie Carr* (Montreal General Hospital) has replaced *Patricia Wood* (Saint John General Hospital) at Grand Manan Outpost Hospital. *Shirley Horton* (Moncton Hospital) is also on the staff while *Helen Christian* has resigned as superintendent. *Florence Keswick* of Richibucto succeeds *Harriet Hughes* as superintendent of Kingston Hall Community Hospital, Rexton, who has been granted leave of absence.

Ontario: *Mary Donoghue* has completed her course in administration at McGill School for Graduate Nurses and is temporarily on duty at Hornepayne as is *Mrs. C. Hoye*. *Patricia Leuty* has been transferred from Beardmore to Espanola. *Mary Anderson* (Torbay Hospital, England; graduate midwife) is at Hawk Junction while *Mrs. Gwen*

Ridley is at Emo. *Mrs. Marie Phillips* has been transferred from Bracebridge to temporary charge work at Beardmore. *Vera Griffey* and *Marietta James* (Hamilton General Hospital) are doing summer relief at Bancroft as is *Mrs. Eva Porter* of Wiarton. *Ruth Gardner* (Hamilton General Hospital) and *Frances Fardella* (Hotel Dieu, Kingston) are at Dryden and *Betty Chinn* (Royal Alexandra Hospital, Edmonton), who is studying medicine at Queen's University, is doing summer relief at Atikokan. *Mrs. Teresa Wright*, who has been at Thessalon, is now at Bracebridge.

Saskatchewan: *Ruby Tinkiss*, Division of Maternal and Child Hygiene, Department of National Health and Welfare, will organize a Red Cross Breast Milk program in Regina.

M.L.I.C. Nursing Service

The following is information concerning staff changes in the Nursing Service of the Metropolitan Life Insurance Company:

Appointments: *Claire Bernier* (Hotel-Dieu Hospital, Montreal), *Simonne Cadieux* (Sacred Heart Hospital, Hull), *Alice Comtois* (Sacred Heart Hospital, Montreal), to the Montreal staff.

Transfers: *Emilienne Dion* (Hospital of Infant Jesus, Quebec City, and University of Montreal public health course) from Montreal to take charge at St. Jerome, P.Q.

Resignations: *Liane Chevalier* (St. Jean de Dieu Hospital, Gamelin) as nurse in charge at Joliette, P.Q.; *Faustina Fournier* (Ottawa General Hospital and University of Ottawa public health course) and *Antoinette Vachon* (Hospital of Infant Jesus, Quebec City), from Montreal.

Angeline Caron (Notre Dame Hospital, Montreal, and University of Montreal public health course) has resumed her duties at Montreal after an absence of two years.

Ontario

The following are recent staff changes in the Ontario Public Health Nursing Service:

Appointments: *Helen Etherington* (St. Catharines General Hospital and University of Toronto) as public health nursing supervisor with Welland and district health unit; *Jenny Berry* (Kingston General Hospital and Universities of Western Ontario and Toronto) as public health nursing supervisor with Kirkland-Larder Lake health Unit, succeed-

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Kimber, Gray and Stackpole, ANATOMY AND PHYSIOLOGY FOR NURSES $4.00.

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Harmer and Henderson, PRINCIPLES AND PRACTICE OF NURSING $4.00.

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REGISTRATION OF NURSES

Province of Ontario

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EXAMINATION ANNOUNCEMENT

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An examination for the Registration of Nurses in the Province of Ontario will be held on November 19, 20, and 21.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

The Director,
Division of Nurses Registration
Parliament Buildings, Toronto 2

ing *Marjorie Pinchbeck* (Calgary General Hospital, University of B.C. public health course, and McGill School for Graduate Nurses) who has resigned to pursue post-graduate study; *Irene Flanagan* (St. Joseph's Hospital, London, and University of Western Ontario certificate course), formerly with Chatham Board of Health, as senior public health nurse with Kent County health unit; *Mary Bliss* (University of Toronto diploma and administration and supervision courses) and *Mrs. Ruby (Cronk) Moss* (University of Toronto diploma and administration and supervision courses), formerly senior public health nurse with Brant County health unit, to East York-Leaside health unit; *Olive Smith* (Toronto General Hospital and University of Toronto certificate course), previously with St. Catharines-Lincoln health unit; to Northumberland and Durham health unit; *Lorraine Larsen* (St. Michael's Hospital, Toronto, and University of Toronto certificate course), formerly public health nurse with Oakville Board of Health, and *Oleavia Chant* (Buffalo City Hospital and University of Toronto certificate course), who has held the position of public health nurse with Boards of Health of Milton, Acton, and Georgetown, to Halton County health unit; *Dora Purdon* (Ross Memorial Hospital, Lindsay, and University of Toronto certificate course), recently resigned from Simcoe County school health service, *Mrs. James (Thompson) Dowsley* (Oshawa General Hospital and school nursing summer course, Ontario Department of Education), and *Eleanor Earle* (A. Barton Hepburn Hospital, Ogdensburg, N.Y., and University of Toronto certificate course), formerly public health nurse in Brockville, to Leeds and Grenville health unit; *Maxine Ward* (B.Sc., University of Western Ontario) as public health nurse with Ontario Hydro Commission, Fraserdale; *Mary Nash* (Victoria Hospital, London, and school nursing summer course, Ontario Department of Education), formerly with Windsor Board of Health, as public health nurse with school service in Township of Sandwich East and Town of Tecumseh, succeeding *Ernestine Duchene* (Toronto Western Hospital and school nursing summer course, Ontario Department of Education) who resigned.

The following graduates of the certificate course in public health nursing at the University of Toronto, 1946-47, have accepted appointments:

Vida Abbott (Brantford General Hospital),

Bertha Klassen (Saskatoon City Hospital), *Jennie Lostracco* (St. Joseph's Hospital, Hamilton), and *Janet Turnbull* (Toronto General Hospital) with Kent County health unit; *Audrey Anderson* (Women's College Hospital, Toronto) and *Marian Higginson* (Toronto Western Hospital) with Halton County health unit; *Helen Arkell* (Toronto General Hospital), *Mary Rust* (Toronto General Hospital), and *Beatrice Whalley* (Hamilton General Hospital) with Bruce County health unit; *Georgina Bailey* (Toronto Western Hospital) and *Pearl Sewell* (Owen Sound General and Marine Hospital) with Lennox and Addington health unit; *Evelyn Dougher* (Mack Training School, St. Catharines General Hospital) with Northumberland and Durham health unit; *Jane Minott* (Toronto Western Hospital) with Prescott and Russell health unit; *Mrs. Jean Phillips* (Victoria Hospital, London) with Dufferin County health unit; *Ruth Rossell* (Toronto General Hospital) with Simcoe County school health service; *Dorothy Read* (Niagara Falls General Hospital) and *Lucille Riley* (St. Michael's Hospital, Toronto) with Leeds and Grenville health unit; *Margaret MacMillan* (Toronto General Hospital) with Copper Cliff Board of Health; *Jessie Timleck* (Ontario Hospital, Kingston) with Kingston Board of Health.

The following graduates of the certificate course in public health nursing at the University of Western Ontario, 1946-47, have accepted appointments:

Mary Campbell (St. Joseph's Hospital, London) with Windsor Board of Health; *Geraldyne Fisher* (Hospital for Sick Children, Toronto) with Peel County Health Unit; *Ila Wilton* (St. Thomas Memorial Hospital) with Elgin-St. Thomas health unit.

Resignations: *Bernice McMackon* (Royal Victoria Hospital, Barrie, and University of Toronto certificate course) from Kirkland-Larder Lake health unit; *Shirley Allen* (Victoria Hospital, London, and University of Western Ontario certificate course) and *Mrs. Hazel McNeil* (Grace Hospital, Detroit) from Oxford County health unit; *Deborah Pearce* (Hamilton General Hospital and University of Western Ontario certificate course) and *Margaret Rattray* (St. Catharines General Hospital and University of Toronto certificate course) from Brant County health unit; *Ena Campbell* (St. Paul's School of Nursing, Vancouver, and University of Toronto certificate course) from Peel County health unit; *Ann Sumka* (St. Boniface Hospital, Man., and

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For further information apply to:

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or

Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital, Montreal 2, P. Q.

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For information apply to:

Director
School of Nursing Education
University of Manitoba
Winnipeg, Man.

McGill University certificate course) from East York-Leaside health unit; *Mrs. Phyllis Reynolds* (University of Toronto diploma course) from Woodstock Board of Health; *Mrs. Margaret (Boyes) Erickson* (Vancouver General Hospital and University of B.C. public health course), *Mrs. Winifred (Hay) McNaught* (Collingwood General and Marine Hospital and University of Toronto certificate course), and *Elaine Crosscombe* (Toronto General Hospital and University of Toronto certificate course) from Kingston Board of Health; *Mrs. Nora Cunningham* (St. Luke's Hospital, New York, and University of Toronto certificate course) as public health nurse with Orillia Board of Health; *Margaret Lillie* (Toronto Western Hospital and University of Toronto certificate course) from Nepean Township Board of Health.

Nursing Sisters' Association of Canada

At the biennial meeting held in Toronto in June, 1946, it was moved by the Toronto Unit that the National Executive of the N.S.A.C. established a fund for the rehabilitation of nurses in devastated countries to be known as "The Rehabilitation Fund." The donations to date from the various units are: Ottawa, $1,000; Toronto, $500; Vancouver, $500; Kingston, $250; Saint John, $100; Halifax, $100; the gift of Col. Agnes Neill, $600. At the July meeting of the National Executive, $500 was voted for the British Nurses Relief Fund, $200 of which was spent to purchase window drapes for Rest-Break Homes at Barton-on-Sea, England. All units have been collecting and sending cotton uniforms to British and European nurses.

The *Brandon Unit*, although consisting of only twelve members, is keenly interested and maintains an active part in the association. M. Cascaden serves as president with B. M. Long as secretary-treasurer.

The *Calgary Unit* has a paid-up membership of 68 members, who are sending a monthly food parcel to Britain and have in the past sent food and clothing parcels to British and Dutch nurses. The president is Mrs. S. Nelson and E. M. Perkins is secretary-treasurer.

The membership of the *Edmonton Unit* stands at 94 and includes nursing sisters from the three services. The banquet, celebrating the 26th anniversary of the N.S.A.C., was a

great success, the convener being Mrs. J. O. Baker, who with Mrs. E. Porritt, president, and Mrs. A. Taylor, vice-president, received the guests. The nursing sisters of World War II attended in uniform the Nightingale Memorial Service held in May. Veterans of both wars in hospital have been visited faithfully and World War I veterans have been remembered on their birthdays by specially decorated cakes.

Mrs. John Turner, since leaving the Blood Clinic, has been going on the trains from Edmonton to Winnipeg meeting British war brides and their families. She has also reported monthly on the Canadian Corps Association and during the summer placed flowers on the graves of nursing sisters. The wreath, placed on the Cenotaph last November, was made by the patients in the Newburn Pavilion under the direction of Mr. Meredith Wilson, director of Arts and Crafts.

A successful tea was recently held, the proceeds going towards providing comforts and entertainment for the boys in hospital.

Officers elected include: President, Mrs. Arnold Taylor; secretary, Ruth Thompson.

The *London Unit* has a paid-up membership of 29 members, with Anne Graham as president and Laura Murtie as secretary-treasurer.

There was an attendance of 45 at the general dinner meeting held by the *Ottawa Unit* last February.

The *Saint John Unit* sponsored the "Nursing Sisters' Ball" held last March, with the ballroom transformed into a Nursing Sisters' Mess. The guests were received by Ada Burns, president of the Unit, Eileen Ritchie, social convener; Dr. and Mrs. C. O. McKay, and Mr. and Mrs. A. R. Jones. The ball was given under the distinguished patronage of the Lieut.-Gov. and Mrs. MacLaren, the Mayor and Mrs. J. D. McKenna, Brigadier and Mrs. D. R. Agnew.

The *Toronto Unit* sent the following resolutions to the National Executive: (1) That the Toronto Unit send $25.00 to the Laura Holland Scholarship Fund; (2) with reference to the British Nurses Relief Fund: (a) that local units deal with the matter of food boxes in the amount and manner they see fit; (b) that the matter of hospital teaching equipment and furnishings for Rest-Break Homes be dealt with by the National Executive. Mrs. George Hanna, convener for overseas food parcels and uniforms for Europe, has offered to send on cotton uniforms forwarded to her

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A DICTIONARY OF FOOD AND NUTRITION

By Lulu G. Graves and Clarence Wilbur Taber. 423 pages. Fourth printing, 1943. $4.00.

TABER'S DICTIONARY OF GYNECOLOGY & OBSTETRICS

By Clarence Wilbur Taber. With the collaboration of Mario A. Castallo. Illustrated. 1944 edition, $4.00.

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Supt. of Nurses,
Mountain Sanatorium,
Hamilton, Ontario

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For further particulars apply to:

Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

address, in care of the Canadian Red Cross, Toronto Branch, 50 Bloor St. East.

The 1947 officers include: President, Ethel Greenwood; corresponding secretary, Christine Crawford.

The *Vancouver Unit* has a paid-up membership of 56, with Mary McCuaig serving as president and Barbara Steben as corresponding secretary.

The *Victoria Unit* has subscribed $10.00 to the Laura Holland Scholarship Fund. Members are making dressings for the New Veterans' Hospital under the direction of Mrs. Rennie. A summer meeting was held at the home of Mrs. G. Stewart, Cadboro Bay, and a buffet supper was served by the hostess.

Officers for 1947 include: President, Bernice Miller; secretary, Kathleen Steven; treasurer, Mrs. D. M. McAuley.

Nellie Gerard is acting as president for the *Windsor Unit* and the secretary is Mrs. A. E. Partushek.

The officers for the *Winnipeg Unit* include E. Leishman as president; corresponding secretary, F. MacLeod; treasurer, S. A. Horning.

News Notes

BRITISH COLUMBIA

MISSION CITY:

The purpose of a recent meeting held by the local graduate nurses, including twelve registered nurses, was to form a chapter of the Fraser Valley Graduate Nurses' Association. The following were elected to the executive: President, Mrs. M. J. Boulter; vice-president, Mrs. E. Erickson; secretary-treasurer, Mrs. D. Salsbury; press correspondent, Mrs. L. A. Campbell.

It is the aim of the association to aid in furnishing the nursery in the new wing which is to be built to the hospital.

MANITOBA

Winnipeg General Hospital:

Vera Graham, a W.G.H. graduate, who for the past eight years has been superintendent of nurses at the Montreal Homoeopathic Hospital, is now assistant superintendent of nurses. Florence Tritt, also a home graduate, and formerly assistant superintendent of nurses, Victoria Hospital, will be in charge of the clinical rotation of students. Katherine Durrell is on the staff as science instructor with Muriel Sangster as her assistant. Eileen McKibbon is now head nurse of the gyneco-

logical ward. Hazel Wilson, formerly staff nurse with the Alberta Department of Public Health, is now serving as health nurse and health instructor.

NEW BRUNSWICK

Saint John General Hospital:

The following have recently joined the staff: Georgie Murchison, case room, 6th floor; Audrey Weldon, case room, 6th floor; Ruby Taylor, operating-room.

NOVA SCOTIA

AMHERST:

Florence Marshe, the president of the Cumberland Branch, R.N.A.N.S., presided at a recent meeting held at Highland View Hospital, when she gave a report of the provincial annual meeting. It was revealed that food parcels are now being sent to a British instead of a Dutch nurse. Fifteen new subscriptions have been received for *The Canadian Nurse* during the past year. Margaret E. Kerr, *The Canadian Nurse* editor, was guest speaker and she gave an interesting address concerning the work of the *Journal*. Lenta G. Hall, V.O.N. Maritime supervisor, was also present.

QUEBEC

MONTREAL:

Royal Victoria Hospital:

A farewell party was held for A. Y. Sutherland, retiring night supervisor, when she was presented with a combination radio-phonograph in fitting recognition of her long service and from her many friends on the nursing staff. Ethel Johns was a welcome visitor at the party. Mrs. M. Earle has resigned as head nurse, Ward F, as has M. Cheney, head nurse, Wards G and H, who is to be married.

A. Haggart is in charge of the teaching department, while B. Allen is now on the staff. Louise Sharpe is nurse-in-charge of the infirmary, Dawson College, St. Johns, P.Q. M. Stewart is doing industrial nursing in Montreal. N. Brock has joined the staff of the King Edward VII Memorial Hospital, Bermuda. A. Badenach visited the hospital on her return from Bermuda.

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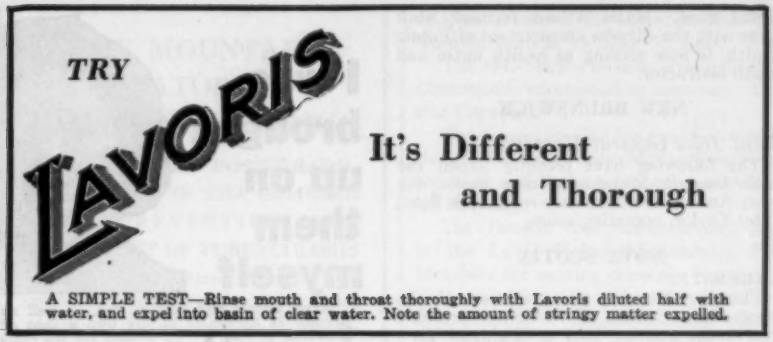
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Positions Vacant

Superintendent of Nurses for 220-bed Sanatorium. Must be experienced. Apply, stating qualifications, references, etc., and salary expected, to Medical Supt., Fort William Sanatorium, Fort William, Ont.

Educational Director to teach the **Sciences** for 250-bed hospital with 110 students. 5½ day week. 3 weeks' vacation with pay after 1 year's service. Beautiful new Nurses' Home. Apply, stating qualifications, experience, and salary expected, in care of Box 7, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, P.Q.

Operating-Room Supervisor with post-graduate experience. **Supervisor** with experience in **Administration** for new Out-Patient Dept. **Supervisors** for **Medical & Surgical Depts.**, capable of clinical teaching. **Assistant Night Supervisor.** Apply for full particulars, stating qualifications, to the Victoria General Hospital, Halifax, N.S.

Classroom Instructor immediately for 50-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt., Miramichi Hospital, Newcastle, N.B.

Graduate Nurses for **Operating-Room. Night Supervisor** (4-12 & 12-8 alternating). **Assistant Night Supervisor.** For 260-bed General Hospital. Positions now open. Apply in writing, stating experience, etc., to Supt. of Nurses, Wellesley Hospital, Toronto 5, Ont.

Registered Nurses for **General Duty** at Royal Jubilee Hospital, Victoria, B.C. State in first letter year of graduation, experience, references, etc., and when available. Starting salary: $140 per month, living out. Yearly salary increases up to $160 in 4 years. Special post-graduate training—Starting salary: $150 with increases to $170 in 4 years. Laundry allowed. A few rooms available in residence. Sick leave allowance, cumulative 1½ days per month. Superannuation. 4 weeks' vacation per year with pay. Investigation should be made with regard to registration in British Columbia. Apply to Director of Nursing.

Graduate Nurse, with **Public Health** certificate, for Nursing Service in Secondary Schools, Apply, stating qualifications, experience, age, and other particulars, to Miss Mollie Towers. Sec., Board of Education, Sault Ste. Marie, Ont.

General Staff Nurses. Initial salary: $140 per month and laundry. First increment is granted after 6 months. 8-hour day and 6-day week. 3 weeks' annual vacation. Apply to Supt. of Nurses, General Hospital, Toronto, Ont.

Operating-Room Nurse. Salary: $110. Full maintenance, laundry, Blue Cross Hospitalization. $60 yearly increase up to 3 years. **General Floor Duty Nurse.** Salary: $100. Same benefits. Apply, with references, to Supt., Barrie Memorial Hospital, Ormstown, P.Q.

General Duty Nurses for 20-bed fully modern hospital. Salary: $120 per month and full maintenance. 6-day week. Apply to Supt. of Nurses, Municipal Hospital, Brooks, Alta.

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General Duty Nurses for 160-bed hospital (40 beds general hospital plus 120 beds tuberculosis hospital). Salary: $1,140 per annum plus full maintenance. Pleasant living and working conditions. 6-day week; 3 weeks' holiday with full pay after a year's service.

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Graduate Nurses (3) for hospital in Peace River country. Salary: $125 per month plus full maintenance. Apply to M. F. Malkinson, Sec.-Treas., Community Hospital, Fairview, Alta.

Registered Nurse for special assignment in hospital. Opportunity for advancement. Preference given to one with post-graduate work in Tuberculosis Nursing and possessing administrative ability. Apply to Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Nurses for **Operating-Room, Emergency** and **Out-Patient Dept.** Bed capacity, 575. Good salary and Cost of Living Bonus. Splendid opportunity for experience. Post-graduate and practical experience very desirable. Also **General Duty Nurses** for various depts. with opportunity for advancement. Apply, stating school, and year of graduation, age, details of experience, and date of availability for service, to Supt. of Nurses, Victoria Hospital, London, Ont.

Registered Nurses for **Pediatric-Orthopedic** Hospital. 8-hour day and 6-day week. Full maintenance or live out as desired. For further particulars apply to Supt., Shriners' Hospitals for Crippled Children, Montreal Unit, P.Q.

Registered Nurses for **General Staff** at Tranquille Sanatorium, which is situated on Kamloops Lake, near Kamloops, B.C. Gross salary for 8-hour day, 6-day week: $146.11 per month during 1st year; $156.11 per month during 2nd year; and a $5.00 per month raise in 3rd, 4th, and 5th years of service, minus $27.50 monthly for board, room and laundry. 31 days vacation per annum with pay, plus 11 days statutory holidays. 14 days sick leave each year, accumulative, with pay, plus 6 days incidental illness. Superannuation plan. Up to $50 of fare refunded. Apply to Supt. of Nurses, Tranquille, B.C.

Qualified Dietitian for General & Marine Hospital, Owen Sound, Ontario. 130-bed General Hospital. Good salary and full maintenance. Apply to Administrator. Also **Nursery Supervisor** with Post-Graduate experience. Apply, stating qualifications and experience, to Supt. of Nurses.

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General Duty Nurses for Norfolk General Hospital, Simcoe, Ontario. Salary: $110 per month (including pay for O.R. call) plus maintenance. Increase at end of 6 months to $115 and at end of 1 year to $120. 8-hour day and 6-day week. Holidays with pay. Sick leave and hospitalization. Additional $5.00 per month paid for 3:30 shift. Apply, stating qualifications and date available, to Supt.

Graduate Nurses for **General Duty.** Salary: $100 per month and full maintenance. Apply to Supt., General Hospital, Kenora, Ont.

Newly-Graduated or **Experienced Staff Nurses** for Municipal Hospital, Red Deer, Alberta. Hospital on straight working shifts. City pop., approx. 5,000 and situated in ideal location of Alberta with popular summer resort 15 miles distant. Main wing of hospital built in 1940 and modern equipment throughout. 60 beds with professional direction under supervision of Nursing Supt. 8-hour day and 6-day week. 3 weeks' annual vacation with pay at end of 1 year. Prior vacations can be arranged. Commencing salary: $110 monthly with maintenance. Increased to $115 after 6 months and to $120 after 12 months' service. Apply, stating experience, age, and marital status, to Matron.

General Staff Nurses. Salary: $140 per month living out, plus laundry. Annual increment. **Operating-Room & Recovery-Room Nurses.** (Post-Graduate course essential.) Salary: $145 per month living out, plus laundry. Annual increment. Accumulative sick leave. Hospitalization. Superannuation. 31 days' vacation. Statutory holidays. 8-hour day and 6-day week. State in first letter date of graduation, experience, references, etc., when services would be available, and whether eligible for registration in British Columbia. Apply to Director of Nursing, General Hospital, Vancouver, B.C.

Segregation of Tuberculosis Patients

In Australia, skin tests of 2,700 Sydney nurses carried out by a Sydney physician, Dr. Douglas Anderson, for over five years show that the risk of infection was more than twice as great when tuberculosis sufferers were cared for in the general medical wards than if they were cared for in special wards.

The tests were carried out on the nurses of three of Sydney's largest hospitals. At the first and third hospitals there were 27 and 26 infections respectively for every 100 nurses per year of observation, while at the second hospital there were only 11 infections for every 100 nurses per year.

At the first and third hospitals patients with pulmonary tuberculosis were nursed in the general wards, while at the second hospital patients known or found to have tuberculosis were placed in special wards and cared for by a general staff. Even then the nurses' risk of infection (11 per cent) was three times as great as that among young women in the general Australian population (where infections have been shown to be 3.5 per cent).

However, infection with tubercle bacilli very rarely leads to lesions of the lung in Australia; lesions developed in only 15 of 2,300 nurses tested during their five years on professional training.

Dr. Anderson used an Australian technique which enabled him to carry out each skin test with only a single injection of the purified protein derivative of tuberculin (tuberculin P.P.D.), thus avoiding a sore arm in the case of those who react very sensitively. The American method of avoiding sore arms is to administer two injections on two different days — the first of a weak solution and the second (for those who do not react to the first) of a strong solution. The new Australian technique, which has been found to be satisfactory as well as time-saving, is to inject a strong solution with enough tuberculin to get a reaction from all persons tested, but in a very small bulk of one-fortieth of a cubic centimetre. In America, one-tenth of a cubic centimetre is at present the standard bulk for these reactions.

Life Expectancy Reaches New High

The average length of life of United States citizens at the close of 1945 reached a new high of 66 years, according to Metropolitan Life Insurance Company statisticians.

This 66-year expectancy is two and one-fourth years more than the corresponding figure for the period 1939-41 and is an increase of 16 and two-thirds years over life expectancy in 1900.

White females born in 1945 have an average life expectancy of 69.54 years. For the same year, the expectancy for white males was calculated as 64.44 years.

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1411 Crescent St., Montreal 25, P.Q.

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Saskatchewan: (1) Mrs. D. Harrison, Experimental Station, Swift Current; (2) Miss S. Leeper, 130-8th St. E Saskatoon; (3) Miss G. McDonald, No. 5, 2025 Lorne St., Regina; (4) Mrs. E. Lewis, 205 Bliss Block, Prince Albert

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Provincial Associations of Registered Nurses

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Prince Edward Island Registered Nurses Association

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QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

Pres., Rév. Sr. Valérie de la Sagesse; Vice-Pres. (*Eng*), Misses M. S. Mathewson, C. V. Barrett; Vice-Pres. (*Fr*), Mlle A. Martineau, Rév. Sr. St-Ferdinand; Hon. Sec., Miss E. B. Cooke; Hon. Treas., Mlle M. Cantin; *Councillors*, Mlle M. A. Chamard, Rév. Sr. M. Madeleine, Mlle R. Aubin, Rév. Sr. Normandin, Mlle A. Besner. The above constitutes the Executive Council and are Members of the *Committee of Management* together with: Misses F. Munroe, E. MacLennan, M. E. Lunam, Rev. Sr. M. Felicitas, Mlles A. Benoit, L. Couet, A. Girard, M. Hébert, M. Lacombe, G. Lamarre, Srs. Allard, Jean des Lys. *Advisory Board*, Misses E. Flanagan, G. Hall, M. L. Buchanan, M. Todd, Mrs. G. Elliott, Rév. Sr. Marie de la Trinité. *Committee Chairmen: Institutional Nursing* (*Eng*), Miss C. Lynch, Allan Memorial Institute, Montreal 2; (*Fr*), To be appointed; *Public Health* (*Eng*), Miss H. Perry, 4814 Fulton Ave., Montreal 26; (*Fr*) Mlle A. R. Guimond, 3156 Maplewood Ave., Montreal 26; *Private Duty* (*Eng*), Miss E. Killins, 3533 University St., Montreal 2; (*Fr*), Mlle A. M. Robert, 3677 Ste. Famille St., Montreal 18. *Chairmen, Board of Examiners:* (*Eng*), Mrs. S. Townsend, Montreal General Hospital; (*Fr*), Rév. Sr. M. Rheault, Hôpital Notre Dame, Montréal 24. Secretary-Registrar & School Visitor, Miss E. Frances Upton. Visitor to French Schools, Mlle Suzanne Giroux. **Association Headquarters**, 504 Medical Arts Bldg., Montreal 25.

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A.A., Vancouver General Hospital

Hon. Pres., Miss E. Palliser; Pres., Mrs. M. W. Bakkan; Vice-Pres., Misses D. Jamieson, J. Walters; Rec. Sec., Miss N. Rendell; Corr. Sec., Miss Mary Burns, 1711 E. 59th Ave.; Treas., Mrs. M. Faulkner, 587 W. 18th Ave.; *Committee Conveners: Membership*, Miss P. Wilson; *Social*, Mrs. V. E. Feimann; *Program*, Miss M. Richmond; *Refreshment*, Mrs. M. Bracey; *Publicity*, Mrs. H. Scott; *News Letter*, Miss E. McCann; *Visiting*, Mrs. B. Nesbitt; *Tea Room*, Mrs. L. Findlay.

A.A., Royal Jubilee Hospital, Victoria

Pres., Miss P. Barbour; Vice-Pres., Mmes B. McKinnon, G. Duncan; Sec., Miss R. Kennedy, 22 Wellington Ave.; Assist. Sec., Miss M. McLeod; Treas., Miss P. Harwood, R. J. H.; *Committee Conveners: Press*, Mrs. Conyers; *Visiting*, Miss M. McMillan; *Membership*, Miss Peters; *Social*, Mrs. Donaldson.

A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital

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A.A., Children's Hospital, Winnipeg

Hon. Pres., Mrs. G. S. Williams; Past Pres., Mrs. J. Kirby; Pres., Mrs. C. D. Gordon Barber; Vice-Pres., Mrs. Wright; Rec. Sec., Miss M. Jupp; Corr. Sec., Miss D. Roe, C.H.; Treas., Mrs. Noble; *Committee Conveners: Program*, Miss E. Fyffe; *Refreshment*, Miss H. Armstrong; *Membership*, Miss P. McConnell; *Visiting*, Miss Armstrong.

A.A., Misericordia General Hospital, Winnipeg

Hon. Pres., Rev. Sr. St. Bertha; Pres., Mrs. T. P. Hessian; Vice-Pres., Miss D. Ambrose; Sec., Miss J. Chisholm, 124 Chestnut St.; Treas., Mrs. J. A. Cutts; *Committee Conveners: Social*, Miss M. Ronnan; *Red Cross*, Mrs. V. McKenty; *Private Duty Section*, Misses S. Boyne, D. Sothern; *Rep.* to: *The Canadian Nurse*, Mrs. A. Thierry.

A.A., Winnipeg General Hospital

Hon. Pres., Mrs. A. W. Moody; Pres., Miss H. Wilson; Vice-Pres., Misses M. Shepherd, R. Stratton, R. Dickie; Rec. Sec., Miss J. Webster; Corr. Sec., Miss M. Montgomery, 646 Toronto St.; Treas., Miss A. Aikman; Archivist, Miss A. Stevenson; *Committee Conveners: Program*, Miss M. Pringle; *Visiting*, Miss J. Gordon; *Journal*, Miss L. Barker; *Membership*, Miss A. Billinkoff; *Sandford Scholarship Fund*, Miss L. Pettigrew; *Reps.* to: *Doctors' & Nurses' Directory*, Miss E. Hunter; *Local Council of Women*, Mrs. A. Swan; *Council of Social Agencies*, Miss H. Setka; *School of Nursing*, Mrs. G. Noble; *The Canadian Nurse*, Miss L. Smolak.

NEW BRUNSWICK

A.A., Saint John General Hospital

Hon. Pres., Miss E. J. Mitchell; Pres., Miss B. Selfridge; Vice-Pres., Misses M. Scott, A. Hanscome; Sec., Miss K. Lawson, 140 Elliott Row; Assist. Sec., Mrs J. W. Bambery; Treas., Mrs. A. E. Handren; *Committee Conveners: Refreshments*, Mrs. M. O'Neal; *Visiting* Miss C. McLeod; *Publicity*, Miss K. Lawson; *Program*, Mrs. D. Lewis; *Add. Executive Members*, Misses S. Hartley, E. Hooper.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Pres., Mrs. George King, Broadway; Vice-Pres., Mrs. W. B. Manzer, Chapel St.; Sec., Mrs. John Charters, Elm St.; Treas., Mrs. Elmer Arnold, Elm St.; *Executive Committee*, Mrs. Bertrum Gardiner, Prince William St.; Mrs. Thomas Everett, Union St.; Mrs. John Hale, Pine St.

NOVA SCOTIA

A.A., Halifax Infirmary

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A A., Victoria General Hospital, Halifax

Pres., Mrs. J. T. Luscombe; Vice-Pres., Miss D. Gill; Sec., Mrs. Eric Stanley, 50 Beech St.; Treas., Mrs. H. S. T. Williams, 362 Spring Garden Rd.; *Board of Directors*, Mmes V. Gormley, W. Hunt, M. Smith; *Committee Conveners: Visiting*, Mrs. A. MacQuade; *Program & Entertainment*, Mrs. J. Churchill, Miss E. Atkinson; *Maritime Hospital Service*, Miss M. Archibald.

A.A., Aberdeen Hospital, New Glasgow

Hon. Pres., Miss Nina Grant; Pres., Miss Mary Ross; Vice-Pres., Miss Maud Harris; Sec., Miss Vera MacIntosh, 154 Maple Ave.; Treas., Mrs. James Collie; *Rep.* to *Press*, Mrs. Wm. Forbes.

ONTARIO

A.A., Belleville General Hospital

Hon. Pres., Miss L. Johnston; Pres., Miss D. West; Vice-Pres., Misses S. Robson, L. Embury; Sec., Miss Helen Jones, B.G.H.; Treas., Miss R. Poole; *Committees: Program*, Misses F. Nunn, L. Dillon; *Social*, Misses E. Sheppard, P. Van Alstyne; *Gift & Flower*, Misses S. Burling, J. Bentu; *Nominating*, Miss M. Miles; *Reps.* to: *V.O.N.*, Miss E. Lang; *The Canadian Nurse*, Miss N. Gooding.

A.A., Brantford General Hospital

Hon. Pres., Miss J. M. Wilson; Pres., Miss O. Plumstead; Vice-Pres., Mrs. J. MacKay; Sec., Miss M. Patterson, B.G.H.; Treas., Miss H. Scott; *Committees: Gift*, Misses J. Landreth, V. Buckwell; *Flower*, Misses L. Burtch, A. Scott; *Social*, Mmes G. Brittain, D. Green; *Reps.* to: *Local Council of Women*, Mrs. R. Billo; *The Canadian Nurse & Press*, Miss I. Feely.

A.A., Brockville General Hospital

Hon. Pres., Misses A. L. Shannette, E. Moffat; Pres., Mrs. Wm. Cook; Vice-Pres., Misses L. Merkley, H. Corbett; Sec., Mrs. H. L. Bishop, 89 King St. W.; Treas., Mrs. H. Vandusen; *Committees: Gift*, Miss V Kendrick; *Social*, Mrs. H. W. Green; *Property*, Misses J. McLaughlin, M. Gardiner, R. Carberry; *Fees*, Miss V. Preston; *Rep.* to *Press*, Miss Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Miss Elsie Phillips; Vice-Pres., Mrs. J. C. MacWilliam, Miss E. Stenton; Rec. Sec., Miss V. Gwalchmai; Corr. Sec. Miss A. Hastings, 30 McKeough Ave.; Treas., Miss D. Thomas; *Rep.* to *The Canadian Nurse*, Mrs. W. M. Sheldon.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Rev. Sr. M. Fabian; Hon. Vice-Pres. Rev. Sr. M. Remegius; Pres., Mrs. E. Caron; Vice-Pres., Miss K. Kaufmann, Mrs. C. Salmon; Sec. Treas., Miss D. Carley; Corr. Sec., Miss Anne Kenny 258 Queen St.; *Councillors*, Mmes H. McPherson, A. Driscoll, E. Roberts, Miss F. Richardson; *Committees: Buying*, Misses M. Doyle, S. Ashton; *Lunch*, Miss M. Boyle, Mmes L. Smyth, M. Robertson, D. Bordeau; *Program*, Mmes M. Millen, A. Swift, C. Salmon, Miss M. Caron; *Reps.* to *Press*, Miss D. Carley; *The Canadian Nurse*, Mrs. M. Jackson.

A.A., Cornwall General Hospital

Hon. Pres., Misses M. Nephew, H. C. Wilson; Hon. Member, Mrs. M. Boldick; Pres., Mrs. A. Snow; Vice-Pres., Mrs. E. Wagoner, Miss E. McIntyre; Sec., Mrs. F. Gunther, 334 Fifth St. E.; Treas., Mrs. V. Fenton, R.R. 2, West Front, Cornwall; *Committee Conveners: Flower*, Miss E. Beckstead; *Social Finance & Membership*, Miss A. McNaughton; *Rep.* to *The Canadian Nurse*, Mrs. G. Whitney.

A.A., Hotel Dieu Hospital, Cornwall

Hon. Pres., Rev. Sr. Daniels; Pres., Miss U. Leblanc; Vice-Pres., Rev. Sr. Mooney; Sec.-Treas., Miss Alice Huot, H.D.H.; Corr. Sec., Miss H. Fraser; *Committee Conveners: Social*, Miss R. McDonald; *Publicity*, Miss T. Wheeler; *Gift*, Miss D. Ryan.

A.A., Galt Hospital

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A.A., Guelph General Hospital

Hon. Pres., Miss S. A. Campbell; Past Pres., Mrs. W. Redmond; Pres., Miss J. E. Watson; Vice-Pres., Mrs. C. Gausden, Miss H. Wilton; Sec., Miss Constance Blake, 36 Delhi St.; Treas., Miss Clara Zeigler.

A.A., St. Joseph's Hospital, Guelph

Mother Superior, Sr. M. Clotilde; Supt. of Nurses Sr. M. Assumption; Pres., Miss E. Kaine; Vice-Pres., Miss F. Farrell; Sec., Miss M. Daley, 134 Ferguson St.; Treas., Mrs. K. Thompson, 100 Woolwich St.; *Entertainment Convener*, Miss D. Milton.

A.A., Hamilton General Hospital

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A.A., Ontario Hospital, Hamilton

Hon. Pres., Miss K. E. Turney; Hon. Vice-Pres., Miss E. P. Dodd; Pres., Mrs. G. Wallace; Vice-Pres., Miss R. Hill; Sec., Mrs. I. Nichols, Apt. 7, 23 St. Matthews Ave.; Treas., Miss K. Dickey; *Committees: Social*, Mrs. A. Smith, Misses L. Angle, D. Parker; *Visiting*, Miss M. Finch, Mrs. J. Hanna; *Rep.* to *Press*, Mrs. I. Stevens.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. St. Edward; Hon. Vice-Pres., Sr. M. Ursula; Past Pres., Mrs. S. Hudecki; Pres., Miss F. O'Brien; Vice-Pres., Miss M. Peart; Sec., Miss B. Clohecy, 61 East Ave. S.; Treas., Miss A. Grace; *Executive*, Misses N. Walsh, E. Quinn, A. McCowell, M. Haley, Mmes S. Hudecki, J. Warren; *Reps.* to: *R.N.A.O.*, Miss D. Devine; *The Canadian Nurse*, Miss M. Reding.

A.A., Kingston General Hospital

Hon. Pres., Miss L. D. Acton; Pres., Mrs. Gladys Henry; Vice-Pres., Mrs. M. Potter, Miss L. Smith; Sec., Miss Gertrude McCulloch, K.G.H.; Treas., Miss O. Wilson, K.G.H.; Assist. Treas., Miss E. MacLean; *Committee Conveners: Flower*, Mrs. S. Smith; *Private Duty*, Mrs. E. Sweetman; *D.V.A. & Y Work*, Miss H. Blue; *Reps.* to: *Local Council of Women*, Mrs. Leggett; *Kingston Film Council*, Mrs. J. C. Spence.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sr. Mary Grace; Pres., Miss M. Hostetler; Vice-Pres., Mrs. N. Cullen; Rec. Sec., Miss T. Brunck; Corr. Sec., Miss M. Monaghan, 94 DeKay St.; Treas., Miss E. Knipfel, 843 Queen's Blvd.

A A., Ross Memorial Hospital, Lindsay

Hon Pres., Miss E. Reid; Pres., Mrs. K. Williamson; Vice-Pres., Miss G. Lehigh, Mrs. U. Cresswell; Sec., Miss A. Webber, R.M.H.; Treas., Miss D. Avery; *Committees: Lunch*, Misses E. Hutton, M. Fair; *Flower*, Miss B. Pickle; *Program*, Miss J. Murphy; *Red Cross*, Miss L. Gillespie; *Rep. to Press*, Miss M. Lamb.

A.A., Ontario Hospital, London

Hon. Pres., Miss F. Thomas; Pres., Mrs. E. Grosvenor; Vice-Pres., Mmes P. Soutar, M. Duncan; Sec., Mrs. E. Bruner, 207 Mill St.; Treas., Miss N. Williams; Assist. Sec.-Treas., Miss L. Steele; *Committee Conveners: Social*, Mrs. P. Robb; *Social Service*, Mrs. M. Millen; *Flower Fund*, Mrs. E. Grosvenor.

A.A., St. Joseph's Hospital, London

Hon. Pres., Sr. St. Elizabeth; Hon. Vice-Pres., Sr. Ruth; Pres., Miss I. Griffin; Vice-Pres., Miss B. Bowles, Mrs. M. McCormick; Rec. Sec., Miss E. Eckert; Corr. Sec., Miss L. Clipperton, 126 Wilson Ave.; Treas., Miss J. Johnston; *Committees: Social*, Mmes P. Chapman, M. Loree; *Finance*, Misses L. Gallagher, Triler; *Program*, Miss B. Purtill; *Reps.* to *Press*, Mrs. M. MacBeth; *Registry*, Misses F. Carfrae, F. Caddy, Mrs. K. Coughlin; *The Canadian Nurse*, Miss S. Gignac.

A.A., Victoria Hospital, London

Hon. Pres., Miss H. Stuart; Hon. Vice-Pres., Mrs. A. E. Silverwood; Pres., Miss M. Stevenson; Vice-Pres., Miss M. Mains, Mrs. E. Culp; Rec. Sec., Mrs. S. McGugan; Corr. Sec., Miss M. Sloan, 200 Central Ave.; Treas., Mrs. V. Fry, 426 William St.; *Blue Cross Sec.*, Miss F. Bell, 185 High St.

A.A., Niagara Falls General Hospital

Pres., Miss Eleanor Smith; Vice-Pres., Miss Hazel Meyers; Sec., Mrs. Betty Bowden, 1887 Prospect St.; Treas., Miss Rachel Sterling; *Rep.* to *R.N.A.O. and The Canadian Nurse*, Miss Isabelle Hammond.

A.A., Soldiers' Memorial Hospital, Orillia

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1913) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Hon. Vice-Pres., Miss M. Stewart; Pres., Mrs. M. E. Jones; Vice-Pres., Miss K. Pridmore; Sec., Mrs. J. R. K. McKellar, Main Townsite, 1st Ave.; Treas., Miss M. E. Scott, 53 Arthur St.; *Directors*, Misses P. Walker, A. McNiece, F. Low; *Flower Convener*, Miss D. Booth; *Reps.* to: *Community Registry*, Miss M. Slinn; *Press*, Mrs. W. Caven; *The Canadian Nurse*, Miss E. McGibbon.

A.A., Ottawa Civic Hospital

Hon. Pres., Misses G. M. Bennett, E. G. Young; Pres., Miss P. Farmer; Vice-Pres., Miss E. Horsey, Mrs. E. Storr; Rec. Sec., Miss L. Currie; Corr. Sec., Miss R. Miskelly, O.C.H.; Treas., Miss A. Napier, 377-2nd Ave.; *Councillors*, Misses J. McTavish, G. Carver, E. Pepper, E. Carnochan, B. Jackson, F. Garnett, L. Mawhinney, Mrs. I. Veitch; *Committees: Visiting & Flower*, Misses M. MacFarlane, I. Moulds; *Refreshment*, Mrs. D. True, Misses E. Ferguson, F. Richards, D. Johnston; *Alumnae Paper*, Misses M. Downey, H. Johnstone, Mrs. D. Ball; *Rep.* to: *The Canadian Nurse*, Miss L. Mawhinney.

A.A., Ottawa General Hospital

Hon. Pres., Rev. Sr. Marie Alban; Pres., Mme N. Chassé; Vice-Pres., Mmes H. Racine, R. Séguin; Sec., Miss D. Herbert, O.G.H.; Treas., Miss H. Béchard; *Councillors*, Misses J. Robert, V. Bélier, G. Boland, K. Ryan, J. Sabourin, A. Quinn; *Committees: Registry*, Misses M. Landreville, M. Butler, A. Sanders; *Sick Benefit*, Miss J. Frappier; *D.C.C.A.*, Miss M. O'Hare; *Red Cross*, Mrs. A. Powers; *Rep.* to *The Canadian Nurse*, Miss D. Herbert.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. R. Brown; Vice-Pres., Miss I. Allan; Sec., Miss E. Honeywell, 50-2nd Ave.; Treas., Miss M. J. Ross; *Committee Conveners: Flowers*, Miss D. Brown, Mrs. W. Creighton; *Insurance*, Miss I. Johnston; *Nominating*, Miss N. Lewis, Mrs. J. MacFarlane; *Reps.* to: *Local Council of Women*, Miss Lewis, Mrs. E. Swerdfagar; *Community Nursing Registry*, Miss D. Brown; *Press*, Mrs. Swerdfagar; *The Canadian Nurse*, Miss Johnston.

A.A., Owen Sound General and Marine Hospital

Hon. Pres., Misses E. Webster, R. Brown; Pres., Miss Marjorie Kerr; Vice-Pres., Miss Anna Mair; Sec.-Treas., Miss Alice Cook, 436-12th St. W.; Assist. Treas., Miss Dorothy Mills; *Rep.* to *R.N.A.O.*, Miss Jean Nicholson.

A.A., Peterborough Civic Hospital

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A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Pres., Miss Gloria Welch; Sec., Miss Jean Thomson, S.G.H.; Treas., Miss Elizabeth Russell, S.G.H.; *Rep.* to *The Canadian Nurse*, Miss Marion Buckrell, 264 London Rd.

A.A., Stratford General Hospital

Hon. Pres., Miss Munn; Pres., Miss J. McLeod; Vice-Pres., Miss M. Sebben; Sec., Miss Jean Ronnenberg, 297 Cambria St.; Treas., Miss M. McMaster, 249 Erie St.; *Committees: Flower & Gift*, Miss M. McCallum; *Social*, Mrs. B. Ische, Misses K. Day, L. Weber.

A.A., Mack Training School, St. Catharines

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A.A., St. Thomas Memorial Hospital

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A.A., The Grant Macdonald Training School for Nurses, Toronto

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A.A., Hospital for Sick Children, Toronto

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A.A., Riverdale Hospital, Toronto

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A.A., St. John's Hospital, Toronto

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A.A., St. Joseph's Hospital, Toronto

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A.A., St. Michael's Hospital, Toronto

Hon. Pres., Rev. Sr. Superior; Hon. Vice-Pres., Rev. Sr. M. Kathleen; Pres., Miss V. Murphy; Vice-Pres., Misses M. McGarrell, H. Pickett, M. Loftus; Rec. Sec., Miss L. Huck; Corr. Sec., Mrs. S. Travalo, 87 Pape Ave.; Treas., Miss D. Murphy, 92 Westminster Ave.; Assist. Treas., Miss A. Quigley; *Councillors*, Mrs. L. Kielly, Misses N. O'Connor, K. Boyle; *Active Membership*, Miss G. Donovan; *Assoc. Membership*, Mrs. K. Geis; *Plan for Hosp. Care*, Mrs. A. Romano; *Nursing Ed.*, Miss G. Murphy; *Ed., "The News,"* Miss K. Boyle; *Reps.* to: *Registry*, Misses N. Corrigan, T. Harrison, K. Meagher; *Local Council of Women*, Miss E. Crocker; *Press*, Miss E. Kraft; *The Canadian Nurse*, Miss M. Wall.

A.A., School of Nursing, University of Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. M. Emory; Past Pres., Miss J. Leask; Pres., Miss Elvira Manning; First Vice-Pres., Miss H. Carpenter; Sec. Vice-Pres., Miss E. Dick; Sec.-Treas., Miss Ethel Greenwood, 16 Clarendon Ave.

A.A., Toronto General Hospital

Pres., Miss A. Neill; Vice-Pres., Mrs. M. W. McCutcheon, Miss M. Fry; Sec.-Treas., Mrs. H. A. Legge, 22 Rose Park Dr.; *Councillors*, Mrs. R. E. Will, Misses L. Shearer, W. Hendrikz, A. Reid; *Committee Conveners: Program*, Miss S. Burnett; *Social*, Miss M. Dix; *Gift*, Miss Fry; *Scholarship*, Miss M. Winter; *Trust Fund*, Miss M. Markle; *Flower*, Miss M. Thompson; *Membership*, Miss M. Stewart; *Nominating*, Miss E. S. Jeffrey; *Alumnae Room*, Miss L. Bailey; *Archivist*, Miss J. M. Kniseley; *Private Duty Group*, Mrs. H. A. McCaghey; *Treas., Hospital Care Plan*, Mrs. Legge; *Ed., The Quarterly*, Miss M. Thompson; *Rep.* to *Press*, Miss Hendrikz.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital

Hon. Pres., Miss E. MacLean; Pres., Miss H. Alkins; Vice-Pres., Mrs. B. Alton; Sec., Miss S. Kilpatrick, 87 Nealon Ave., East York; Treas., Miss E. Campbell; *Committee Conveners: Social*, Mrs. M. Neil; *Program* Mrs. W. Cooper; *Reps.* to *Class*, Mrs. R. St. Thomas; *R.N.A.O.*, Misses E. Campbell, R. Hollingsworth; *The Canadian Nurse*, Miss M. Hemsworth.

A.A., Toronto Western Hospital

Hon. Pres., Miss B. L. Ellis, Mrs. C. T. Currie; Hon. Members, Misses M. I. Graham, B. McPhedran; Pres., Miss M. Agnew; Vice-Pres., Mrs. J. Miller; Sec., Miss B. Passmore, 143 Havelock St.; Treas., Miss M. Oliver; *Blue Cross Treas.*, Miss J. Finlayson; *Rep.* to *The Canadian Nurse*, Miss E. Pinkerton.

A.A., Wellesley Hospital, Toronto

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A.A., Women's College Hospital, Toronto

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